

4891

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

File No. ....

1 PLACE OF DEATH  
County Madison

Registered No. 71

2 FULL NAME Riley Garrett

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

3 SEX M

4 COLOR OR RACE M

5 Single Married Widowed or Divorced (Write the word) M

6 DATE OF BIRTH No Record

7 AGE 72 yrs. .... mos. .... ds.

IF LESS than 1 day .... hrs. or .... min?

8 OCCUPATION (a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country) Ky

10 NAME OF FATHER No Record

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER No Record

13 BIRTHPLACE OF MOTHER (State or country) No Record

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M. C. Goodell

(Address) Beulah Creek

15 Filed Mar 3, 1927

Wood Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 2 24, 1927  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 2-18, 1927, to 2-24, 1927, that I last saw him alive on 2-23, 1927, and that death occurred on the date stated above at 8 P.M.

The CAUSE OF DEATH\* was as follows:  
Pneumonia

(Duration) .... yrs. .... mos. 4 ds

Contributory (Secondary) .....

(Signed) P. H. Harrison, M. D.  
2-24, 1927 (Address) Beulah Creek

\*State the Disease Causing Death, or, in deaths from Violent causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) at place In the of death .... yrs. .... mos. .... ds. State .... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Hagall Creek DATE OF BURIAL .....

20 UNDERTAKER G. S. Stewart ADDRESS Beulah Creek

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARBLE REGISTERED FOR RECORDS