

Commonwealth of Kentucky  
STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Middlebury  
Vet. Pat. 8  
Inc. Town Paurod  
City ..... (No. .... St.) ..... Ward .....  
2 FULL NAME Simon Peter Garrett

File No. 26812Registered No. ....  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Poland 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
(Write the word)

6 DATE OF BIRTH 8 1 1875  
(Month) (Day) (Year)

7 AGE 39 yrs. .... mos. .... ds. If LESS than 1 day .... hrs. or .... min.?

8 OCCUPATION  
(a) Trade, profession, or particular kind of work Barber by trade  
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (state or country) Ky.

PARENTS  
10 NAME OF FATHER Jim Garrett  
11 BIRTHPLACE OF FATHER (State or country) Ky.  
12 MAIDEN NAME OF MOTHER Rose Wells  
13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Rose Wells  
(Address) Paurod, Ky.

15 Filed Nov 1 1914 M. E. Bewley  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 10 27 1914  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Don't know 191 John J. Jirski,  
that I last saw him attended him alive on ..... 191...  
and that death occurred, on the date stated above, at ..... m.

The CAUSE OF DEATH\* was as follows:  
I has been suffering from pistol wound  
about 10 yrs.  
(Duration) ..... yrs. .... mos. .... ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs. .... mos. .... ds.  
(Signed) E. M. Bewley, M. D.  
10 27 1914 (Address) Paurod

\*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 of death ..... yrs. .... mos. .... ds. In the State ..... yrs. .... mos. .... ds.  
Where was disease contracted, if not at place of death?  
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL Twin Tunnel DATE OF BURIAL 10 28 1914

20 UNDERTAKER D. Rector ADDRESS Summer Ky