

COMMONWEALTH OF KENTUCKY

17669

1 PLACE OF DEATH

State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No.

County MuhlenbergRegistered No. 11

Vot. Pot.

Registration District No. 1055Inc. Town MorrisonPrimary Registration District No. 2438

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

City

(No. St., Ward)

2 FULL NAME Anderson Henry

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single M
Married
Widowed
or Divorced
(Write the word)6 DATE OF BIRTH January 24, 1925
(Month) (Day) (Year)7 AGE 47 yrs. 5 mos. 19 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) Ky10 NAME OF FATHER Alie Henry11 BIRTHPLACE OF FATHER (State or country) Ky12 MAIDEN NAME OF MOTHER Sousie Hays13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Sam Henry(Address) Morrison KyFiled July 17, 1925 A. P. Hatcher
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 11, 1925
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from 192....., to 192....., that I last saw h..... alive on 192....., and that death occurred on the date stated above at 4:30 m.The CAUSE OF DEATH* was as follows:
Shot Gun Wound
Homicide
Instant (Duration) yrs. mos. ds.

Contributory (Secondary) (Duration) yrs. mos. ds.

(Signed) R. M. Allen Registrar, M.D. 7/11/1925 (Address) Central City Ky

*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 New Hope DATE OF BURIAL July 12, 192520 UNDERTAKER Arthur B. Breyer ADDRESS Central CityWRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain language so that it may be properly classified.
Very important. See instructions on back of certificate.