

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

File No. 26819

1 PLACE OF DEATH

County *Middlebury*

Vol. Pat.

Registration District No. *7136*

Ino. Town *Hillside Ky*

Primary Registration District No.

City

(No.) St., Ward:

2 FULL NAME *John Green*

[If death occurred in a hospital or institution, fill in name of hospital or institution.]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *male* 4 COLOR OR RACE *negro* 5 SINGLE MARRIED, WIDOWED, OR DIVORCED *single*

6 DATE OF BIRTH *Oct. 7 1914*

7 AGE *29* yrs. *0* mos. *8* ds. 8 FLEETNESS *1 day*

9 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business or establishment in which employed (or employer) *Coal miner*

10 BIRTHPLACE (State or country) *Ohio, county 169*

11 NAME OF FATHER *Anderson Green*

12 BIRTHPLACE OF FATHER (State or country) *State Georgia*

13 MOTHER NAME OF MOTHER *Julie bot*

14 BIRTHPLACE OF MOTHER (State or country)

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Signature) *Amos Drake*

(Address) *Hillside Ky*

16 FILED *Oct. 7, 1914* *Mrs. M. M. Drake*

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH *Oct 7 1914*

19 I HEREBY CERTIFY, That I attended deceased from *Oct 7, 1914* to *Oct 7, 1914*

that the death involves *phthisis* and that death occurred on the date stated above at *9 A.M.* The CAUSE OF DEATH was as follows:

phthisis
I never saw him before death.

(Duration) *2* yrs. *0* mos. *0* ds. Central history (Secondary) *Pulmonary tuberculosis*

(Signed) *A. Cornelius*, M. D. *Oct 7, 1914* (Address) *Greenville*

20 THE DISEASE CAUSING DEATH, OR, IN DEATHS FROM VIOLENT CAUSES state (1) means OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL

21 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death *2* yrs. *0* mos. *0* ds. In the State *2* yrs. *0* mos. *0* ds.

22 Where was disease contracted, if not at place of death?

23 PLACE OF BURIAL OR REMOVAL *Powderly Ky* DATE OF BURIAL *Oct 8, 1914*

24 UNDERTAKER *James & George Greenville* ADDRESS

WRITE PLAINLY. IN DEAFENING HEAR--THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. Age should be stated EXACTLY. PHYSICIAN 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.

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