

Commonwealth of Kentucky

STATE BOARD OF HEALTH.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County Martin
Vol. Pat. East
Inc. Town
City

Registration District No. 871
Primary Registration Dist. No. 7132

File No. 23296
Registered No. 871

FULL NAME George Harper

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

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE white MARRIAGE STATUS widow

DATE OF BIRTH No Record

AGE 57 yrs. --- mos. --- ds. If LESS than 1 day --- hrs. or --- min.?

OCCUPATION (a) Trade, profession, or particular kind of work con. labr
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (State or country) County

10 NAME OF FATHER No record

11 BIRTHPLACE OF FATHER (State or country) No record

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) G. C. Lee
(Address) Greenville

15 Filed Sept 1, 1912 W. H. Franklin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 30, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 20, 1912 to Sept 30, 1912, that I last saw him alive on Sept 29, 1912 and that death occurred, on the date stated above, at 10:30 P.M.

The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs
(Duration) 6 yrs. --- mos. --- ds.

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

(Signed) C. B. Glatton M. D.
(Address) Greenville, 191... (Address)

*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 None DATE OF BURIAL Sept 1, 1912

20 UNDERTAKER W. H. Franklin ADDRESS Greenville

Note: Every item of information should be carefully verified. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain English, so that it may be properly classified. Extra statement of OCCUPATION is very important. See instructions & list of certifiers.