

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County MullensburgVot. Prec. Coast HouseIncl. Town yesCity Central City (No. _____ St. _____ Ward _____)2 FULL NAME Baby HastingsFile No. 18787Registered No. 46

[If death occurred in a hospital or institution, give the NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX _____ 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Infant6 DATE OF BIRTH July June 19, 1912 (Month) (Day) (Year)

7 AGE _____ If LESS than 1 day _____ hrs. or _____ min.?

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

9 BIRTHPLACE (State or country) Central City Ky.10 NAME OF FATHER James Hastings11 BIRTHPLACE OF FATHER (State or country) Tennessee12 MAIDEN NAME OF MOTHER Mithey Seiber13 BIRTHPLACE OF MOTHER (State or country) Dean County Ky.14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) James Hastings (Address) Central City Ky.15 Filed Sept 12, 1912 Registrar W. L. Blandin

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 19, 1912 (Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from June 19, 1912, to July 19, 1912that I last saw him et alive on July 19, 1912 and that death occurred, on the date stated above, at 60The CAUSE OF DEATH* was as follows: Starvation

_____ (Duration) yrs. mos. 30 ds.Contributory (SECONDARY) _____ (Signed) J. L. McDowell, M. D.

_____ 1912 (Address) _____

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL

(15) 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 Wagon Burying DATE OF BURIAL July 20, 191220 UNDERTAKER Wesland ADDRESS Central City

REGISTRAR

2. B.—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.