

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

1 PLACE OF DEATH

County *Muhlenberg*

Vol. No. *13*

Inc. Town *Centerton*

City

Registration District No. *P 135*

Primary Registration District No.

(No. St., Ward)

File No. *28753*

Registered No. *92*

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

2 FULL NAME *James Hayden*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *Married*

6 DATE OF BIRTH *Sept 27, 1840*
(Month) (Day) (Year)

7 AGE *77* yrs. *0* mos. *11* ds. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) *Kentucky*

10 NAME OF FATHER *He Stum*

11 BIRTHPLACE OF FATHER (State or country) *Kentucky*

12 MAIDEN NAME OF MOTHER *Dinah Hayden*

13 BIRTHPLACE OF MOTHER (State or country) *Kentucky*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *John Thomas*
(Address) *Centerton, Ky*

15 Filed *10-4*, 1917 *W. H. Moore*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Oct 3, 1917*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Aug 8*, 1917, to *Oct 3*, 1917, that I last saw him alive on *Aug 29*, 1917, and that death occurred on the date stated above at *5:30* a.m. The CAUSE OF DEATH* was as follows:
Tuberculosis

(Duration)..... yrs..... mos..... ds.

Contributory (SECONDARY).....
(Duration)..... yrs..... mos..... ds.
(Signed) *C. D. Almon*, M. D.
Oct 3, 1917 (Address) *Centerton, 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, TRAINS 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 *Company Ground* DATE OF BURIAL *Oct 4*, 1917

20 UNDERTAKER *John E. George* ADDRESS *Chenille Ky*

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. Ask should be stated EXACTLY. PHYSICIANS 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.