

## Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

PLACE OF DEATH  
County MUHLENBERGVol. Pat. 15Inc. Town DRAKESBORO KY.

City .....

Registration District No. 2125

Primary Registration Dist. No. ....

(No. ....) (St. ....) Ward

File No. 2547Registered No. 2

(If case occurred in a hospital or institution give to that institution or street and number.)

FULL NAME JAMES LESLEY HELTSLEY

## PERSONAL AND STATISTICAL PARTICULARS

SEX MALE COLOR OR RACE WHITE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) SINGLEDATE OF BIRTH NOVEMBER 11, 1895  
(Month) (Day) (Year)AGE 18 yrs. 2 mos. 14 ds. If LESS than 1 day... hrs. or... min.?OCCUPATION  
(a) Trade, profession, or particular kind of work Coal Miner  
(b) General nature of industry, business, or establishment in which employed (or employer)BIRTHPLACE (State or country) YOST KY

PARENTS

10 NAME OF FATHER JAKE H. HELTSLEY11 BIRTHPLACE OF FATHER (State or country) GREENVILLE, KY12 MAIDEN NAME OF MOTHER ALICE GRISSOM13 BIRTHPLACE OF MOTHER (State or country) WILLIAMSVILLE, ILL

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) JAKE H. HELTSLEY(Address) DRAKESBORO KY15 Filed 1-25, 1913 J. R. ... REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH JANUARY 25, 1913  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from JANUARY 24, 1913, to JANUARY 25, 1913,  
that I last saw him alive on JANUARY 25, 1913,  
and that death occurred, on the date stated above, at 7 A.M.The CAUSE OF DEATH\* was as follows:  
STARBED WITH KNIFE IN CHEST  
(HOMICIDE)(Duration) ... yrs. ... mos. 10 HRS  
Contributory HEMORRHAGE OF PULMONARY  
ARTERY (Duration) ... yrs. ... mos. 10 HRS  
(Signed) H. D. Newman, M. D.  
JAN 25, 1913. (Address) DRAKESBORO 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 of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds.  
Where was disease contracted, if not at place of death?  
Former or usual residence19 PLACE OF BURIAL OR REMOVAL HIGHWAY DATE OF BURIAL JAN 26, 191320 UNDERTAKER C. G. BRIDGES & CO ADDRESS DRAKESBORO KY