

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHFile No. **13807**
Registered No. _____1 PLACE OF DEATH
County Muhlenberg
Vol. No. Procederly 8
Inc. Town _____
City _____Registration District No. 1093
Primary Registration District No. 4829

(No. _____ St., _____ Ward)

2 FULL NAME Albert Henry

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 Single Single
Married
Widowed
or Divorced
(Write the word)6 DATE OF BIRTH _____
(Month) (Day) (Year)7 AGE 18 yrs. 4 mos. 18 ds.
IF LESS than 1 day _____ hrs. or _____ min?8 OCCUPATION
(a) Trade, profession or particular kind of work Miner
(b) General nature of industry, business or establishment in which employed (or employer) _____9 BIRTHPLACE (State or country) Muhlenberg Co Ky10 NAME OF FATHER Geo. R. Henry11 BIRTHPLACE OF FATHER (State or country) Muh. Co Ky12 MAIDEN NAME OF MOTHER Cornie Brown13 BIRTHPLACE OF MOTHER (State or country) McLeante Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John R. Henry
(Address) Hillside KyFiled 5/3/26 1926 W. W. Wickliffe Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 2nd 1926
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Apr 30th 1926 to May 2nd 1926 that I last saw him alive on May 2nd 1926 and that death occurred on the date stated above at 5 P.M.The CAUSE OF DEATH* was as follows:
Broken Neck
from mine accident
(Duration) _____ yrs. _____ mos. 2 ds.Contributory (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.(Signed) J. G. Stewart, M. D.
May 3rd 1926 (Address) Preston, 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 _____ 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 Central City Ky DATE OF BURIAL May 3, 192620 UNDERTAKER M B McDonald ADDRESS Greenville KyWRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
A. B.—Every item of information should be carefully supplied. AGE 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.