FORM V S 1-500M. 2-29-12

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

File No. 36083

1 PLACE OF DEATH
County Muhlenberg
Vet. Pct. # 21 Registration District No. 870
Inc. Town Central City Primary Registration District No. 2435
City ..... (No.) ..... St., ... Ward)

Registered No. 56

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

2 FULL NAME Warner Lewis Hogan

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH: April 21, 1918 (Month) (Day) (Year)

7 AGE: ..... yrs. 7 mos. ..... ds. IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry business or establishment in which employed (or employer): babe

9 BIRTHPLACE (State or country): Central City Ky

PARENTS

10 NAME OF FATHER: E S Hogan
11 BIRTHPLACE OF FATHER (State or country): Ky
12 MAIDEN NAME OF MOTHER: M E Shelton
13 BIRTHPLACE OF MOTHER (State or country): Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
E S Hogan
(Informant)
(Address) Central City

15 Filed 11-12, 1918 A L Blandford Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov 11- (Month) (Day), 1918 (Year)

17 I HEREBY CERTIFY, That I attended deceased from oct 1-, 1918, to Nov 11, 1918, that I last saw h... alive on Nov 10, 1918, and that death occurred on the date stated above at 1 P.m. The CAUSE OF DEATH was as follows:

Supperation Sub max glands with Entero Colitis

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

Contributory (SECONDARY) —

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

(Signed) W. R. M. Dowell M. D.

..., 191... (Address) Central City

*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: Farmerton Ky — DATE OF BURIAL: 11-12, 1918

20 UNDERTAKER: Martin Moore — ADDRESS: Central City Ky.

N. 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. Read statement of OCCUPATION is very important. See instructions on back of certificate.

11—3184