

COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 27843

Registered No. _____

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

1 PLACE OF DEATH

County MuhlenbergVot. Pct. Count Same

Inc. Town _____

City _____

Registration District No. 871Primary Registration District No. 7130

(No. _____ St., _____ Ward)

2 FULL NAME

Skylar Holman

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 Single married
Married
Widowed
or Divorced
(Write the word)6 DATE OF BIRTH Oct 20 1898
(Month) (Day) (Year)7 AGE 23 yrs. 1 mos. 22 ds.
IF LESS than 1 day _____ hrs. or _____ min?8 OCCUPATION
(a) Trade, profession or particular kind of work Farming
(b) General nature of industry, business or establishment in which employed (or employer) _____9 BIRTHPLACE (State or country) Muh. Co. Ky

PARENTS

10 NAME OF FATHER Gus Holman11 BIRTHPLACE OF FATHER (State or country) Barren Co Ky12 MAIDEN NAME OF MOTHER Maud Woodson13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. G. Riggins(Address) Education15 Filed 12/3/21 1921 O. B. W. K. K. K. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 13 1921
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Dec 6, 1921, to Dec, 1921, that I last saw him alive on Dec 13, 1921, and that death occurred on the date stated above at 3:28 m.

The CAUSE OF DEATH* was as follows:

icteric disease of lungs
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (Secondary) _____

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

(Signed) C. D. W. K. K., M. D.Dec 13 1921 (Address) Education

*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. _____ d.

Where was disease contracted, _____

if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Joiner B. I. Dec 14, 1921

20 UNDERTAKER ADDRESS

McDonald & Dewitt Greenfield

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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