FORM V S 1-500M 2-09-12

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

5863

1 PLACE OF DEATH

County *Muhlenburg*

Registration District No. *87*

File No. ....

Vot. Pct. ....

Registered No. ....

Inc. Town ....

Primary Registration District No. *2436*

City GREENVILLE (No. .... St., ... Ward)

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

2 FULL NAME *George House*

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX *Male* — 4 COLOR OR RACE *White* — 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *Married*	16 DATE OF DEATH *Feb 20, 1920* (Month) (Day) (Year)
6 DATE OF BIRTH *May 20, 1* (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from *Feb 15*, 19*20*, to *Feb 20*, 19*20*, that I last saw h*im* alive on *Feb 20*, 19*20*, and that death occurred on the date stated above at *6 pm*. The CAUSE OF DEATH* was as follows: *Bronch Pneumonia*
7 AGE *40* yrs. .... mos. .... ds. — IF LESS than 1 day ... hrs. or ... min.?	(Duration) .... yrs. .... mos. *6* ds.
8 OCCUPATION (a) Trade, profession, or particular kind of work *Laborer* (b) General nature of industry business or establishment in which employed (or employer)	Contributory (SECONDARY) .... (Duration) .... yrs. .... mos. .... ds.
9 BIRTHPLACE (State or country) *Grayson Co Ky*	(Signed) *T. J. Slaton*, M. D.
PARENTS: 10 NAME OF FATHER *J O House*	*Feb. 21*, 19*20* (Address) *Greenville Ky*
11 BIRTHPLACE OF FATHER (State or country) *Grayson Co Ky*	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.
12 MAIDEN NAME OF MOTHER *Lydia Stinson*	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death .... yrs. .... mos. .... ds. In the State .... yrs. .... mos. .... ds.
13 BIRTHPLACE OF MOTHER (State or country) *Grayson Co Ky*	Where was disease contracted, if not at place of death? .... Former or usual residence ....
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Mrs Geo House* (Address) *Greenville Ky*	19 PLACE OF BURIAL OR REMOVAL *Caneyville Ky* — DATE OF BURIAL *Feb 21, 1920*
15 Filed *Feb 21*, 19*20* *C. C. Bickley* REGISTRAR *[illegible] Ky*	20 UNDERTAKER *McDonald & Dewitt* — ADDRESS *Greenville Ky*

11—3184

MARGIN RESERVED FOR BINDING

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.