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.

FORM V S 1-200M 6 20-11

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 9101

1 PLACE OF DEATH

County Muhlenberg

Vot. Pct. #5 Registration District No. 872 Registered No. 8

Inc. Town Drakesboro Ky Primary Registration District No. 2437

City .... (No. .... St., ... Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Joseph B House

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

6 DATE OF BIRTH June (Month) 13 (Day), 1852 (Year)

7 AGE 64 yrs. 9 mos. 2 ds. IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Merchant
(b) General nature of industry business or establishment in which employed (or employer) General Merchandise

9 BIRTHPLACE (State or country) Caneyville, Ky

PARENTS

10 NAME OF FATHER James House

11 BIRTHPLACE OF FATHER (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Clara Yager

13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Paradine House

(Address) Drakesboro Ky

15

Filed 3/22, 1917 J. E. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March (Month) 11 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1917, to March 11, 1917, that I last saw him alive on March 11, 1917, and that death occurred on the date stated above, at 11 a m. The CAUSE OF DEATH* was as follows:

Carcinoma of Stomach

(Duration) 1 yrs. 6 mos. .... ds.

Contributory (SECONDARY) ....

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

(Signed) H D Newman, M. D.

March 12, 1917 (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. 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 Highway (Drakesboro Ky) DATE OF BURIAL Mar 12, 1917

20 UNDERTAKER C. G. Bridges & Co ADDRESS Drakesboro Ky

11—3184