

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

County *Washington*

Vol. No. *Central City*

Inc. Town *Central City*

City *Central City* (No. *2433*)

FULL NAME *Robert J. Galt*

File No. *2187*

Registered No. *2187*

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

PERSONAL AND STATISTICAL PARTICULARS

1 SEX *male* 2 COLOR OR RACE *white* 3 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*
(Write the word)

4 DATE OF BIRTH *1-5-1891*
(Month) (Day) (Year)

7 AGE *20* yrs. *11* mos. *2* ds. 4F 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) *Mo. Tenn. Co*

10 NAME OF FATHER *Robert J. Galt*

11 BIRTHPLACE OF FATHER (State or country) *Washington Co*

12 MAIDEN NAME OF MOTHER *May Ellis*

13 BIRTHPLACE OF MOTHER (State or country) *Mo. Tenn. Co*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Mr. Ellis*

(Address) *Central City*

15 Filed *1/14/1921* *W. L. Blount* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *12-7-1921*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 191..... to 191....., that I last saw h..... alive on 191..... and that death occurred on the date stated above at m. THE CAUSE OF DEATH* was as follows:

Drinking Embolic Acid
(Duration) yrs. mos. ds.
Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) *C. T. R. Case, M.D.*
Surgeon General (Address) *Central City, Mo.*

*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 *Calvary, Ky* DATE OF BURIAL *Dec. 8, 1921*

20 UNDERTAKER *Martin Neume* ADDRESS *Central City, Ky*

LARGE RECEIVED FOR INDEXING

WRITE PLAINLY WITH WRITING INK—THIS IS A PERMANENT RECORD

B. Every item of information should be carefully supplied. Applicants for this certificate 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.

cc 567 12/24