

23074

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____
Registered No. 87

1. PLACE OF DEATH
County Muhlenberg
Vet. Post Theresa
Inc. Town Central City
City _____

Registration District No. 1087
Primary Registration District No. 2435

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

2. FULL NAME Samuel Boyd Jarvis
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M. 4. COLOR OR RACE W. 5. Single, Married, Widowed or Divorced (write the word) Widowed
6. DATE OF BIRTH June 14 1857
7. AGE Years 76 Months 2 Days 15 If LESS than 1 day.....hrs. or.....min.
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, Bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. coal mine
10. Date deceased last worked at this occupation (month and year) 1925 11. Total time (years) spent in this occupation all life

21. DATE OF DEATH Aug 29, 1935
22. I HEREBY CERTIFY That I attended deceased from _____, 19____ to _____, 19____
I last saw him alive on Aug 21, 1935, death is said to have occurred on the date stated above, at 9:10 p. m.
The principal cause of death and related causes of importance in order of onset were as follows:
Dysentery
Relapsing
Contributory causes of importance not related to principal cause:
Relapsing

12. BIRTHPLACE Ky.
13. NAME John Jarvis
14. BIRTHPLACE Kentucky
15. MAIDEN NAME Polly Edwards
16. BIRTHPLACE Kentucky
17. INFORMANT Mrs. E. R. Bossett
(Address) C. S. R. F. # 2
18. BURIAL, CREMATION, OR REMOVAL
Place Bethel Date 8-30, 1935
19. UNDERTAKER Arthur L. Mosley
(Address) Central City, Ky.
20. FILED 8/28, 1935 A. J. Blount
Registrar.

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ date of injury _____ 19____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____
(Signed) E. J. Galt, M. D.
(Address) Greenville, Ky.

MARGIN RESERVED FOR BINDING
UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICAL OCCUPATION is very important. See instructions on back of certificate.
N. B. WRITE PLAINLY, and carefully state AGE should be properly classified Exact statement of OCCUPATION is very important. See instructions on back of certificate.