

16579

Form V. B. 1-122a-6-3-33

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHFile No. 1

1 PLACE OF DEATH

County MulenburgVet. Post Beach CreekRegistration District No. 199

Inc. Town _____

Primary Registration District No. 68298

City _____

(No. _____ St. _____ Ward)

Registered No. _____

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

2 FULL NAME Harvey Jenkins

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE w 5 Single Married Widowed Divorced (Write the word)

6 DATE OF BIRTH 5 10 1922
(Month) (Day) (Year)

7 AGE _____ yrs. 2 mos. 14 ds. IF LESS than 1 day _____ hrs. of _____ min.

8 OCCUPATION

(a) Trade, profession or particular kind of work. none

(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Ky10 NAME OF FATHER James Jenkins11 BIRTHPLACE OF FATHER (State or country) Ky12 MAIDEN NAME OF MOTHER Allie Toulley13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Jenkins
(Address) Beach CreekFiled 8/13 1922 Veter Jenkins
Registrar

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH 7 14 1922
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from 7-1- 1922, to 7-13 1922, that I last saw her alive on 7-14 1922, and that death occurred on the date stated above at 2 P.M.

The CAUSE OF DEATH was as follows:

Diagnosis not made(Duration) _____ yrs. _____ mos. 14 ds.

Contributory (Secondary)

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

(Signed) P. H. Steward, M. D.
7-16, 1922 (Address) Beach Creek

*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, Transient or Recent Residents)

at place _____ 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 DATE OF BURIAL

Rayatta Chappel 7-15 1922

20 UNDERTAKER

ADDRESS

R. H. Steward Beach Creek

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

15. A copy of information furnished hereon is to be sent to the State Board of Health, Louisville, Kentucky, for the purpose of maintaining a permanent record of the cause of death in plain language, and for the purpose of preparing a statement of occupation in every instance. See instructions on back of certificate.

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