

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

13565

1 PLACE OF DEATH
County Muhlenberg

Vot. Pot. _____
Inc. Town Central City

City Central City (No. _____) St. _____ Ward _____

File No. _____

Registered No. 31

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

2 FULL NAME Lawrence Jennings

870
2435-

PERSONAL AND STATISTICAL PARTICULARS

3 SEX boy 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Infant

6 DATE OF BIRTH May 12, 1912
(Month) (Day) (Year)

7 AGE dead born If LESS than 1 day ____ hrs, or ____ min.?
____ yrs. ____ mos. ____ ds.

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

9 BIRTHPLACE (State or country) Central City Ky

PARENTS

10 NAME OF FATHER Ed Jennings

11 BIRTHPLACE OF FATHER (State or country) Allen Ohio

12 MAIDEN NAME OF MOTHER Maud Chailes

13 BIRTHPLACE OF MOTHER (State or country) Hardin Ohio

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. G. Jennings
(Address) Central City Ky

16 Filed May 17, 1912 A. L. Bradford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 12, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 12, 1912, to May 12, 1912, that I last saw him alive on _____, 1912,

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:
Unknown
dead born
STILL BIRTH
(Duration) _____ yrs. ____ mos. ____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. ____ mos. ____ ds.

(Signed) W. P. M. Howell, M. D.
May 16, 1912 (Address) Central City

*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 Mount DATE OF BURIAL May 13, 1912

20 UNDERTAKER Martin Moore ADDRESS Central City Ky

WRITE PLAIN 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.