

1 PLACE OF DEATH

County *Martin* CERTIFICATE OF DEATH

File No. *23290*

Vet. Pot. *West* Registration District No. *871*

Registered No. *82*

Ino. Town *Greenville* Primary Registration District No. *2436*

(If death occurred in a hospital or institution give its name, street and number.)

City (No. St., Ward)

2 FULL NAME *Dulany Jennigan*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*
(Write the word)

16 DATE OF DEATH *Sept. 16, 1912*
(Month) (Day) (Year)

6 DATE OF BIRTH *1878*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased

7 AGE *34* yrs. mos. ds. IF LESS than 1 day ... hrs. or ... min.?

from *1912*, to *1912*, that I last saw him alive on *1912*, and that death occurred on the date stated above at *7 A.M.* The CAUSE OF DEATH* was as follows:

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

Unknown. Had been about one year since I last saw him.
(Duration) ... yrs. ... mos. ... ds.

9 BIRTHPLACE (State or country) *Kentucky*

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

10 NAME OF FATHER *James Jennigan*

(Signed) *J. H. Platon*, M. D.

11 BIRTHPLACE OF FATHER (State or country) *Kentucky*

Sept. 16, 1912 (Address) *Greenville, Ky.*

12 MAIDEN NAME OF MOTHER *Not known*

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

13 BIRTHPLACE OF MOTHER (State or country) *Kentucky*

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Jessie Jennigan* (Address) *Greenville, Ky.*

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 ...

SEP 16 1912 Filed *J. H. Franklin* REGISTRAR

19 PLACE OF BURIAL OR REMOVAL *Old Cemetery, Greenville, Ky.* DATE OF BURIAL *9/17, 1912*

20 UNDERTAKER *Oren L. Roark* ADDRESS *Greenville, Ky.*

PAPER RESERVED FOR INDEXING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

2. B.—Every item of information should be carefully supplied. ARE checked and EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Most statement of OCCUPATION is very important. See instructions on back of certificate.