FORM V. S. 1-5000M 3-25-12

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 2558

Registered No. 5

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

1 PLACE OF DEATH

County ... Muhlenberg

Vet. Pct. ... East Bagby ... Duration District No. ... 871

Inc. Town ... Primary Registration District No. 7132

City ... (No. ... St., ... Ward)

2 FULL NAME ... Marcus M. Jernigan

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH ... October 12, 1830 (Month) (Day) (Year)

7 AGE	IF LESS than 1 day ... hrs. or ... min.?
83 yrs. 3 mos. 3 da.	

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

9 BIRTHPLACE (State or country) Tennessee

PARENTS

10 NAME OF FATHER ... David Jernigan

11 BIRTHPLACE OF FATHER (State or country) ... North Carolina

12 MAIDEN NAME OF MOTHER ... Margaret Mercer

13 BIRTHPLACE OF MOTHER (State or country) ... North Carolina

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) D. W. Jernigan

(Address) Greenville, Ky.

15 Filed 1/18, 1913 W. H. Franklin Registrar

11—8194

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH ... January 15, 1913 (Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Nov 29, 1912, to Jan 15, 1913, that I last saw him alive on Jan 9, 1913, and that death occurred on the date stated above at ... m. The CAUSE OF DEATH* was as follows:

[illegible]

No Doctor in attendance,

(Duration) ... yrs. ... mos. ... da.

Contributory (SECONDARY) None.

(Duration) ... yrs. ... mos. ... da.

(Signed) Henry H. Blaton, M. D.

Jan 15, 1913. (Address) Greenville Ky.

*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. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
Jernigan's Chapel	Jany 18, 1913
UNDERTAKER: Oren L. Roark	ADDRESS: Greenville, Ky.

WHEN FILLED OUT, WITH ANSWERS WRITTEN IN INK—THIS IS A PERMANENT RECORD

Mail DRAGGY, PHYSICIAN

Mail to County Health Officer. All questions must be answered. If no certificate received, a penalty will be imposed. Please read carefully.

1. Entry of Place of Death. Write the name of the county, city, town, or township in which the death occurred. If in a hospital or institution, give the name of the same instead of the street and number.

2. Full Name. Give the full name of the deceased person. If the name is unknown, a description sufficient for identification must be given.

CAUTION is very important. See instructions on back of certificate.