

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

1 PLACE OF DEATH

County Mushlenburg

Vol. Fol. East Baggs 12

Registration District No. 871

Ino. Town.....

Primary Registration District No. 7132

City.....

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

2 FULL NAME Rufus J. Jeunigan

File No. 25960

Registered No. 94

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

**PERSONAL AND STATISTICAL PARTICULARS**

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

6 DATE OF BIRTH July 15, 1868  
(Month) (Day) (Year)

7 AGE 44 yrs. 3 mos. 7 ds. IF LESS than 1 day... hrs. or... min.?

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) Mushlenburg Co. Ky

10 NAME OF FATHER Henry Jeunigan  
11 BIRTHPLACE OF FATHER (State or country) North Carolina  
12 MAIDEN NAME OF MOTHER Mariah Jane Cate  
13 BIRTHPLACE OF MOTHER (State or country) Mushlenburg

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) J. J. Jeunigan  
(Address) Greenville Ky

15 Filed Oct 23, 1912 V. H. Hamilton  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH October 22, 1912  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct. 14, 1912, to Oct 22, 1912, that I last saw him alive on Oct 22, 1912,

and that death occurred on the date stated above at 11 a.m. The CAUSE OF DEATH\* was as follows:  
Sept. abscess - same as infection following operation

(Duration)..... yrs..... mos. 9 da.  
Contributory (SECONDARY) Nothing  
(Duration)..... yrs..... mos. .... da.  
(Signed) J. J. Slaton M. D.  
Oct. 23, 1912 (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. State..... yrs..... mos..... da.  
Where was disease contracted, if not at place of death? .....  
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL Greenwood, Greenville, Ky DATE OF BURIAL Oct. 23, 1912

20 UNDERTAKER Orion L. Roark ADDRESS Greenville Ky

WRITE PLAIN WITH ENVELOPE INC. TYPE IN A PEN OR BALL POINT

B. E. - Every item of information should be correctly reported. All deaths should state CAUSE OF DEATH in plain terms, so that it may be clearly understood. OCCUPATION is very important. See instructions on back of certificate.