

## Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

## PLACE OF DEATH

County MuhlenbergVol. No. 13

Inc. Town .....

City .....

(No. 8757133)

St. .... Ward .....

FULL NAME Earl JessupFile No. 20742Registered No. 73

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

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH Aug 24, 1912  
(Month) (Day) (Year)

6 DATE OF BIRTH Aug 30, 1911  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 10, 1912, to Aug 24, 1912, that I last saw him alive on Aug 24, 1912, and that death occurred, on the date stated above, at 2.00 pm.

7 AGE 11 yrs. 24 mos. 24 ds. If LESS than 1 day... hrs. or... min.?

The CAUSE OF DEATH\* was as follows:

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

Cholera Infantum  
(Duration) ... yrs. ... mos. ... ds.

9 BIRTHPLACE (State or country) Muhlenberg Co.

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

10 NAME OF FATHER W. D. Jessup

(Signed) O. B. Martin, M. D.  
Aug 24, 1912 (Address) Greenfield, Ky.

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co., Ky.

12 MAIDEN NAME OF MOTHER Eula Carlin

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

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co., Ky.

(18) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Where was disease contracted, if not at place of death?  
Former or usual residence .....

(Informant) J. W. Jessup  
(Address) Depoy, Ky.

19 PLACE OF BURIAL OR REMOVAL Usual Home DATE OF BURIAL 8-24, 1912

15 AUG 24 1912 REGISTRAR W. H. Hanelin

20 UNDERTAKER Rice, Tucker & Co ADDRESS Depoy, Ky.

NOTE: Every item of information should be carefully verified. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain English, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

STATE PLAINLY, WITH EMPHASIS, THIS IS A PRELIMINARY REPORT