FORM V. S. 1-0500M 3-10-12

1 PLACE OF DEATH

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

File No. 25172

County ...Muhlenberg..., Vot. Pct. ...Nyck Bogue... Registration District No. 771 7622

Registered No. 70

Inc. Town ...Drumville... Primary Registration District No. 7123

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

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

2 FULL NAME ...Claud Jones...

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH ...Sept. 20..., 1913
(Month) (Day) (Year)

7 AGE ...23... yrs. ...0... mos. ...0... da. IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) ...Mullenberg...

PARENTS

10 NAME OF FATHER ...Harris Jones...

11 BIRTHPLACE OF FATHER (State or country) ...Mullenberg...

12 MAIDEN NAME OF MOTHER ...Lucy Martin...

13 BIRTHPLACE OF MOTHER (State or country) ...Mullenberg...

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) ...A. A. Reynolds...
(Address) ...Graham, Ky...

15 Filed ...Sept. 20, 1913... ...J. H. Franklin...
REGISTRAR

11—5194

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH ...Sept. 20, 1913...
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from ...May..., 1913, to ...Sept..., 1913, that I last saw him alive on ...Sept. 19..., 1913, and that death occurred on the date stated above at ...2 a.m. The CAUSE OF DEATH* was as follows:

...Pulmonary Tuberculosis...

(Duration) ...yrs. ...6... mos. ...da.

Contributory (SECONDARY) ...Tuberculosis...

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

(Signed) ...A. Courtliss..., M. D.

Sept 21, 1913. (Address) ...Drumville...

*State the DISEASE CAUSING DEATH, or, in deaths [illegible] CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, [illegible] 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 usual residence ...

19 PLACE OF BURIAL OR REMOVAL ...Drumville... DATE OF BURIAL ...Sept. 20, 1913.

20 UNDERTAKER ...James E. Gray... ADDRESS ...Drumville...

R. B.—Study these directions carefully. Make all entries with pen and ink. Write plainly. Use only black ink. Do not use pencil. Report every death even though a certificate may not be obtainable. In such case make a report stating name, sex, color, date and place of death, and cause, if known. Certificate should be filed with the local registrar of the district in which death occurred, before the body is removed for burial. Burial permit should not be issued until certificate is filed, or the case reported. Any error or omission should be corrected by the physician making the original certificate. Any physician willfully violating any of the provisions of the law governing the registration of deaths is subject to a fine of not more than $50.00. Every undertaker must obtain this certificate before he can secure a burial permit, and must see that it is properly filed with the local registrar. He is subject to a fine of not more than $50.00 for violation of this law. Every undertaker must indorse on the certificate the name and address of the cemetery or crematory, and the date of burial or removal. Every undertaker must keep a record of all interments, removals, and burials, which record shall be open to inspection by any health officer. Every sexton, or person in charge of a burial place, must keep a record of all interments, removals, and burials, which record shall be open to inspection by any health officer. Every undertaker must report to the local registrar of the district in which death occurred, within 5 days after burial or removal, the date of burial or removal, and the name and address of the cemetery or crematory. Every undertaker must keep a record of all interments, removals, and burials, which record shall be open to inspection by any health officer. Every sexton, or person in charge of a burial place, must keep a record of all interments, removals, and burials, which record shall be open to inspection by any health officer.