

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

1 PLACE OF DEATH
County Muhlenberg
Vet. Post Beech Creek
Inc. Town # 22
City (No. St., Ward)

Registration District No. 872
Primary Registration District No. 8421

File No. 24013
Registered No. 22

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

2 FULL NAME Paul Dewitt Kiper

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH March 14, 1916
(Month) (Day) (Year)

7 AGE 6 yrs. — mos. — ds. 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) Infant

9 BIRTHPLACE (State or country) Ohio Co., Ky.

10 NAME OF FATHER James Alfred Kiper

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

12 MAIDEN NAME OF MOTHER Maggie Webster

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) R. B. Morrison
(Address) Beech Creek, Ky.

15 Filed 9/22, 1916 J. H. Stewart REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 16, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept. 13, 1916, to Sept. 16, 1916, that I last saw him alive on Sept. 15, 1916, and that death occurred on the date stated above at 8 A.M. The CAUSE OF DEATH* was as follows:

Spina typhosa

(Duration) 6 yrs. — mos. — ds.

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

(Signed) Robert B. Morrison, M. D. Sept. 16, 1916 (Address) Beech Creek, Ky.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE, 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. ... ds. In the State... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Ohio Co. DAY OF BURIAL Sept. 17, 1916

20 UNDERTAKER L. H. Stewart ADDRESS Beech Creek, Ky.

WRITE PLAINLY WITH WRITING INK.—THIS IS A PUBLIC RECORD
 M. D.—Every item of information should be correctly supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
 READER INTERESTED FOR LIBRARY