

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

File No. 30416

PLACE OF DEATH

County Muhlenberg

Vot. Pot. Scottsville

Ine. Town Scottsville

City (No. St. Ward)

Registered No. _____

(If death occurred in hospital or institution, NAME instead of number.)

FULL NAME Lee Kinneub

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Sept 10, 1917
(Month) (Day) (Year)

7 AGE 1 yrs. 2 mos. 2 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)

9 BIRTHPLACE (State or country) Muhlenberg

10 NAME OF FATHER Will Kinneub

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg

12 MAIDEN NAME OF MOTHER Lorege

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) R. C. Garrett

(Address) Evins Ky

15 Filed Nov 12, 1913 Chas Fleming REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 9, 1913
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 30, 1913, to Nov 9, 1913, that I last saw him alive on Nov 9, 1913, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:

Gastro-Enteritis

(Duration) 2 yrs. 2 mos. 2 ds.

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

(Signed) J. W. Sams, M. D.
Nov 11, 1913 (Address) Drakesboro

*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. _____ 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 Farmers Grove DATE OF BURIAL Nov. 10, 1913

20 UNDERTAKER C. G. Bridges ADDRESS Drakesboro, Ky.

WRITE PLAINLY, WITH IMPASSIVE INK--THIS IS A PERMANENT RECORD. 2. B. Every item of information should be carefully supplied. AGE should be stated in FULLY. PHYSICIANS 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.