

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

7373

1 TRACE OF DEATH  
County Muhlenberg  
Vol. Pct. Browder  
#32  
Inc. Town.....  
City.....

Registration District No. 1088  
Primary Registration District No. 1522

File No. ....  
Registered No. 5

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

2 FULL NAME E. Pearley Kinkade (No. 1 St., Ward)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>m</u>	4 COLOR OR RACE <u>w.</u>	5 Single Married Widowed or Divorced (Write the word) <u>—</u>
6 DATE OF BIRTH <u>Jan 27</u> <u>1880</u> (Month) (Day) (Year)		
7 AGE <u>48</u> <u>70</u> yrs. <u>1</u> mos. <u>17</u> ds.	IF LESS than 1 day or min?	
8 OCCUPATION (a) Trade, profession or particular kind of work. <u>Coal miner</u> (b) General nature of industry, business or establishment in which employed (or employer).		

9 BIRTHPLACE (State or country) <u>Butter Co. Ky</u>	
PARENTS	10 NAME OF FATHER <u>E. P. Kinkade</u>
	11 BIRTHPLACE OF FATHER (State or country) <u>Butter Co. Ky</u>
	12 MAIDEN NAME OF MOTHER <u>Sarah Hape</u>
	13 BIRTHPLACE OF MOTHER (State or country) <u>Butter Co. Ky</u>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Ellie Dukes  
(Address) Browder Ky

15 Filed 2-15, 1929 W. H. ... Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH  
Jan 31, 1929  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 29, 1929, to Jan 29, 1929, that I last saw him alive on Jan 29, 1929, and that death occurred on the date stated above at 2:15 p.m.

The CAUSE OF DEATH\* was as follows:

abscess of internal ear in front. 7 flowing tubes.  
(Duration) ... yrs. ... mos. ... ds.

Contributory (Secondary) .....  
(Duration) ... yrs. ... mos. ... ds.  
(Signed) H. ... M. D.  
2-1, 1929 (Address) Richwood 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 ..... In the  
of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds.  
Where was disease contracted,

If not at place of death?  
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  
Richwood Ky 2-2, 1929

20 UNDERTAKER ADDRESS  
W. H. ... Richwood

1929 31 34  
48 1 17  
1881 0 21

1929 1 31  
1881 1 17  
1881 1 17

17

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Correct statement of OCCUPATION is very important. See instructions on back of certificate.