

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

2174

1 PLACE OF DEATH  
County Muhlenberg  
City Central City

File No. \_\_\_\_\_

Registered No. 4

Vot. Pot. \_\_\_\_\_ Registration District No. 1087  
Inc. Town \_\_\_\_\_ Primary Registration District No. 2435  
City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

2 FULL NAME J. H. Kirtley

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 Single Married Widowed or Divorced (Write the word) Married  
6 DATE OF BIRTH May 6 1884  
(Month) (Day) (Year)  
7 AGE 85 yrs. 8 mos. 11 ds. IF LESS than 1 day ..... hrs. or ..... min?

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

9 BIRTHPLACE (State or country) Mo. Cam

PARENTS

10 NAME OF FATHER Frank Kirtley  
11 BIRTHPLACE OF FATHER (State or country) Kentucky  
12 MAIDEN NAME OF MOTHER Sallie Kirtlinger  
13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Clarence Woodburn  
(Address) Central City - Ky.

15 Filed Jan. 19, 1927 A. L. Standen Registrar  
Clarence Woodburn

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 19, 1927  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 7, 1926, to Jan 19, 1927, and that I last saw him alive on Jan 18, 1927, and that death occurred on the date stated above at 3 1/2 m.

The CAUSE OF DEATH\* was as follows:

Chronic Parenchymatous Nephritis  
(Duration) ..... yrs. 1 mos. 12 ds.  
Contributory (Secondary) \_\_\_\_\_  
(Duration) ..... yrs. ..... mos. ..... ds.  
(Signed) Clarence Woodburn, M. D.

\* 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 \_\_\_\_\_ State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
if not at place of death? \_\_\_\_\_  
Where was disease contracted, Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Deerant of the Cemetery just from Lawrence, Ky DATE OF BURIAL 1-20, 1927

19 URBERTAKER M. B. McDonald ADDRESS Hennells Ky

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

MAKING SURE FOR INDEXING

11. B.—Every item of information should be carefully supplied. AGE should be given EXACTLY. 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.