

Commonwealth of Kentucky
 DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

9160

 PLACE OF DEATH
 County Muhlenberg
 Vol. Pot. Paradise Ky Registration District No. 7126
 Inc. Town..... Primary Registration District No. 2565
 City..... (No. _____ St. _____ Ward _____)
 2 FULL NAME Zachriah Taylor Kirtley

File No.

Registered No.

 (If death occurred
 in hospital or nursing
 home, give its name, location,
 street and number.)

PERSONAL AND STATISTICAL PARTICULARS

 1 SEX Male 4 COLOR OR RACE White 5 SINGLE, WIDOWED, OR DIVORCED (Write the word) Married
 6 DATE OF BIRTH Jan 29, 1848
 (Month) (Day) (Year)

 7 AGE 69 yrs. - mos. 12. ds. IF LESS than 1 day... hrs. or... min.?
99

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

 9 BIRTHPLACE (State or country) Paradise, Ky

 10 NAME OF FATHER Elias Kirtley

 11 BIRTHPLACE OF FATHER (State or country) Kentucky

 12 MAIDEN NAME OF MOTHER Nancy Kittinger

 13 BIRTHPLACE OF MOTHER (State or country) Kentucky

 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Harry Kirtley
 (Address) Paradise, Ky

 15 Filed Mar 1, 1917 K. H. Smith
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

 16 DATE OF DEATH February 10, 1917
 (Month) (Day) (Year)

 I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1917 to Feb. 10, 1917, that I last saw him alive on Feb. 10, 1917, and that death occurred on the date stated above at 9 p. m. The CAUSE OF DEATH* was as follows:

Apoplexy
(Hemorrhage of the Brain)
 (Duration)..... yrs. mos. 2

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

 (Signed) H. D. Newman, M. D.
Feb. 11, 1917 (Address) Drakesboro, Ky

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDE.

 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAINING SCHOOLS OR RECENT RESIDENTS)
 At place 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 Weir Graveyard DATE OF BURIAL Feb. 11, 1917

 20 UNDERTAKER J. B. House, Drakesboro, Ky ADDRESS

 WRITE PLAINLY. GIVE BRIBING NAME—THIS IS A PERMANENT RECORD.
 Every item of information should be carefully checked. AGE should be entered EXACTLY. FIFTEENS should enter 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.