

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

1 PLACE OF DEATH

County MuhlenbergVol. Fol. # 3Inc. Town Central City

City

Registration District No. 870Primary Registration District No. 7123(No. St., Ward)File No. 24006Registered No. 97

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

2 FULL NAME D. B. Tamm

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single6 DATE OF BIRTH Oct 15 1880
(Month) (Day) (Year)7 AGE 53 yrs. 10 mos. 22 ds. IF LESS than 1 day... hrs. or... min.?8 OCCUPATION (a) Trade, profession, or particular kind of work... Labor
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Muhlenberg Co Ky10 NAME OF FATHER Elihu Tamm11 BIRTHPLACE OF FATHER (State or country) North Carolina12 MAIDEN NAME OF MOTHER Martha Estes13 BIRTHPLACE OF MOTHER (State or country) North Carolina

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Christine Hentress(Address) Central City Ky15 Sept 6, 1916 A. L. Blandford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 7 1916
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Aug, 1913, to Sept, 1916, that I last saw him alive on Sept 5, 1916, and that death occurred on the date stated above at 11 Am. The CAUSE OF DEATH* was as follows:Americia - Peritonitis
(Duration) 3 yrs. mos. ds.Contributory (SECONDARY) (Duration) yrs. mos. ds.(Signed) W. M. Howell M. D.
Sept 22, 1916 (Address) Central City

*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. State... yrs. ... mos. ... ds. In the

Where was disease contracted, if not at place of death? Former or usual residence 19 PLACE OF BURIAL OR REMOVAL Quincy DATE OF BURIAL Sept 8, 191620 UNDERTAKER Martin Moore ADDRESS Central City

MANNER OBSERVED FOR INFANTS

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

B. Every item of information should be carefully 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.