

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHFile No. 10119

Registered No. \_\_\_\_\_

1 PLACE OF DEATH

County Muhlenberg

Vot. Pot. \_\_\_\_\_

Registration District No. 1093Ino. Town GreenvillePrimary Registration District No. 2436

City \_\_\_\_\_

(No. \_\_\_\_\_ St., \_\_\_\_\_ Ward)

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

2 FULL NAME S. J. Landis

(a) Residence. No. \_\_\_\_\_

St., \_\_\_\_\_ Ward. \_\_\_\_\_

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 Single  
Married married  
Widowed  
or Divorced  
(Write the word)Malewhite

5a If married, widowed, or divorced

HUSBAND of

(or) WIFE of \_\_\_\_\_

6 DATE OF BIRTH

Jan 27

(Month)

(Day)

(Year)

7 AGE

86 yrs. 1 mos. 15 ds.

IF LESS than 1

day \_\_\_\_\_ hrs.

or \_\_\_\_\_ min?

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work \_\_\_\_\_

(b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_

9 BIRTHPLACE (city or town) (State or country)

Christian Co. Ky

PARENTS

10 NAME OF FATHER

Issac Landis

11 BIRTHPLACE OF FATHER (city or town) (State or country)

Muh.

12 MAIDEN NAME OF MOTHER

Miss Kelley

13 BIRTHPLACE OF MOTHER (city or town) (State or country)

Christian Co. Ky

14

(Informant) Mrs. S. Landis(Address) Greenville Ky

15

Filed 3/16/29C. B. WICKOFFBy H. Wells Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 14, 1929  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Mar 4, 1929, to Mar 14, 1929, that I last saw him alive on Mar 14, 1929, and that death occurred on the date stated above at 10 P. m.The CAUSE OF DEATH\* was as follows:  
Pneumonia

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (Secondary) Cold

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 WHERE WAS DISEASE CONTRACTED

If not at place of death? \_\_\_\_\_

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis?

(Signed) E. K. Galt, M. D.Mar 14, 1929 (Address) Greenville Ky

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Hopkinsville Ky March 16 1929

20 UNDERTAKER

ADDRESS

M. B. McDonald Greenville Ky

MAKING REPRODUCED FOR RECORDS

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. Exact statement of OCCUPATION is very important. See instructions on back of certificate.