

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

P

PLACE OF DEATH
County Muhlenberg
Reg. Dist. No. W. 13
Inc. Town _____ Primary Registration District No. 91
City _____ No. 230 Ward _____
FILE NO. 21582
Registered No. _____
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Write the word)
DATE OF BIRTH Aug. 31 1916
(Month) (Day) (Year)
AGE _____ yrs. _____ mos. 1 ds. IF LESS than 1 day ... hrs. or ... min.
OCCUPATION
(a) Trade, profession, or particular kind of work. None
(b) General nature of industry, business or establishment in which employed (or employer)

BIRTHPLACE (State or country) Muhlenberg
10 NAME OF FATHER Erwin Lankin
11 BIRTHPLACE OF FATHER (State or country) Muhlenberg
12 MAIDEN NAME OF MOTHER Grace Bethel
13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C. Lankin, Jr.
(Address) St. Louis, Mo.

15 Filed 9/1 1916 Erwin Lankin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 31 1916
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from Aug 27 1916, to Aug 31, 1916, that I last saw him alive on Aug 31, 1916, and that death occurred on the date stated above at 5 P.M. THE CAUSE OF DEATH* was as follows:
D. Cholera
(Duration) _____ yrs. _____ mos. _____ ds.
Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) J. P. Wood, M. D.
(Address) _____, 1916

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

19 PLACE OF BURIAL OR REMOVAL Union Grove DATE OF BURIAL 9/1 1916
20 UNDERTAKER Oren L. Rank ADDRESS Franklin