

Commonwealth of Kentucky

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

1 PLACE OF DEATH

County Muhlenberg **CERTIFICATE OF DEATH**Vot. Pct. W. Boggs Registration District No. 871Inc. Town..... Primary Registration District No. 7133

City..... (No. St., Ward)

2 FULL NAME

Garrick Perkins SrFile No. 21952

Registered No.

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
(Write the word)6 DATE OF BIRTH Oct 2, 1927
(Month) (Day) (Year)7 AGE 86 yrs. 9 mos. 13 ds. IF LESS than 1 day ... hrs. or ... min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work at home
(b) General nature of industry business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Lyon Co Ky
Cartersville W. Va

PARENTS

10 NAME OF FATHER Don't know11 BIRTHPLACE OF FATHER (State or country) " "12 MAIDEN NAME OF MOTHER " "13 BIRTHPLACE OF MOTHER (State or country) " "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) D. E. Short(Address) Depoy Ky15 Filed July 15, 1919 C. P. W. Kellogg REGISTRAR
McDonald & Dewitt Greenville

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 15, 1919
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from July, 1914, to July 10, 1919, that I last saw him alive on July 10, 1919, and that death occurred on the date stated above at 5130A m. The CAUSE OF DEATH* was as follows:Chronic Interstitial Nephritis..... (Duration) 3 yrs. mos. ds.

Contributory (SECONDARY)

..... (Duration) yrs. mos. ds.

(Signed) B. G. Anderson, M. D.July 15, 1919 (Address) Depoy Ky

*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. 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 Vernal Groves DATE OF BURIAL July 15, 191920 UNDERTAKER McDonald & Dewitt Greenville ADDRESS