

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

1 PLACE OF DEATH

County Muhlenberg  
Reg. District No. 7121  
City Moorman Ward 1

File No. 6473

Registered No. 9

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

2 FULL NAME Andrew Franklin Loftin

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Boy 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

6 DATE OF BIRTH May 15, 1914  
(Month) (Day) (Year)

7 AGE 7 yrs. 7 mos. 25 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) Muhlenberg Co. Ky.

10 NAME OF FATHER Mathew Loftin

11 BIRTHPLACE OF FATHER (State or country) Jackson Co. Tenn.

12 MAIDEN NAME OF MOTHER Alice Shimuehan

13 BIRTHPLACE OF MOTHER (State or country) Jackson Co. Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Josh Shimuehan  
(Address) Moorman

15 June 11, 1914 REGISTRAR A. L. ...

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 11, 1914  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 11, 1914, to June 11, 1914, that I last saw him alive on June 11, 1914, and that death occurred on the date stated above at Moorman m. The CAUSE OF DEATH was as follows:

Sharp knife as the child was found dead in bed with matter around the child's throat.  
Some time between midnight & day  
(Signed) J. H. ... (Address) So. Carrollton

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 Moorman

20 UNDERTAKER H. C. ...

DATE OF BURIAL June 11, 1914

ADDRESS Moorman

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
Every item of information should be carefully checked. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE is very important. Subscriptions on back of certificate.