

25262

Form V. S. 2-200m-4-16-19
1 PLACE OF DEATHCOMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No.

County Muhlenberg

Registered No.

Vot. Pct.

Registration District No.

Inh. Town WesleyPrimary Registration District No. 1093

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

City Wesley(No. 1093 St., Wesley Ward)2 FULL NAME Paster Long

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Married
widowed
or Divorced
(Write the word)6 DATE OF BIRTH Feb 14 1898
(Month) (Day) (Year)7 AGE 77 yrs. 5 mos. 25 ds.
IF LESS than 1 day hrs. or min?8 OCCUPATION
(a) Trade, profession or particular kind of work Farmer
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Kentucky10 NAME OF FATHER Sam Long11 BIRTHPLACE OF FATHER (State or country) Dist. Known12 MAIDEN NAME OF MOTHER M. Shrod13 BIRTHPLACE OF MOTHER (State or country) Dist. Known14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Laura Sweney
(Address) Greenville, R. R. 415 Filed Aug 7, 1925

Registrar

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug 6, 1925
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from, 192... to, 192... that I last saw h..... alive on, 192... and that death occurred on the date stated above at

The CAUSE OF DEATH* was as follows:

No. Dr.
Case. Cancer
(Duration) yrs. 1 mos. 20 ds.Contributory (Secondary) (Duration) yrs. 1 mos. 20 ds.(Signed), M. D.
..... 192... (Address)

*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 residence19 PLACE OF BURIAL OR REMOVAL Johnson Burring DATE OF BURIAL Aug 7, 192520 UNDERTAKER L. A. Gato ADDRESS Wesley

RECORDS KEPT FOR RECORDING

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