

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHFile No. #7331 PLACE OF DEATH
County Martin
Vot. Prec. Marble
Inc. Town
CityRegistration District No. 1095
Primary Registration District No. 19
(No. St. Ward)

Registered No.

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

2 FULL NAME J. R. Louder

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Married
Married Widowed
Widowed Divorced
Divorced (Write the word)
6 DATE OF BIRTH left 26th 1846
(Month) (Day) (Year)
7 AGE 19 yrs. 7 mos. 14 ds.
IF LESS than 1 day hrs. or min?8 OCCUPATION
(a) Trade, profession or particular kind of work. Marble cutter
(b) General nature of industry, business or establishment in which employed (or employer).9 BIRTHPLACE (State or country) Kentucky
10 NAME OF FATHER Henderson Louder
11 BIRTHPLACE OF FATHER (State or country) Marble
12 MAIDEN NAME OF MOTHER Shelley Shelley
13 BIRTHPLACE OF MOTHER (State or country) Marble

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. E. Lamb
(Address) Marble Ky15 Filed 5-11 1927 Dan Napier Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 10 1927
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Apr. 17 1927 to May 10 1927 and that I last saw him alive on Apr 10 1927 and that death occurred on the date stated above at 10:30 am.

18 THE CAUSE OF DEATH* was as follows:

Senile Infirmit
(Duration) 3 yrs. 0 mos. 0 ds.
Contributory (Secondary) Cold infection
(Duration) 3 yrs. 0 mos. 15 ds.
(Signed) Chas W. ... M. D.
(Address) Monticello Ky

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

19 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

at place yrs. mos. ds. In the
of death yrs. mos. ds. State yrs. mos. ds.
Where was disease contracted,If not at place of death?
Former or usual residence20 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Marble Bluff 5/12 1927
21 UNDERTAKER ADDRESS
E. G. Anderson Marble Ky

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.

MARKER REGISTERED FOR READING