

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

1 PLACE OF DEATH

County *Mullensburg*

Vol. No. *West Point Hospital* Registration District No. *971*

File No. *20706*

Inc. TOWN..... Primary Registration District No.

City *Kennett Ky* (No. St. Ward) (If death occurred in a hospital, give the ward, hospital or street and number.)

3 FULL NAME *Serenus Lucas*

PERSONAL AND STATISTICAL PARTICULARS

1 SEX *male* 4 COLOR OR RACE *col.* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *single*
(Write the word)

6 DATE OF BIRTH *March 16, 1894*
(Month) (Day) (Year)

7 AGE *23* yrs. *3* mos. *28* ds. IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work... *Railroading*
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) *Mullensburg*

10 NAME OF FATHER *William Lucas*

11 BIRTHPLACE OF FATHER (State or country) *La.*

12 MAIDEN NAME OF MOTHER *Susie Bates*

13 BIRTHPLACE OF MOTHER (State or country) *Mullensburg*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *Will Lucas*

(Address) *Kennett Ky*

15 Filed *7/19, 1917* *C. D. Woodruff* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *July 14, 1917*

17 I HEREBY CERTIFY, That I attended deceased from *July 11, 1917*, to *July 14, 1917*, that I last saw him alive on *July 11, 1917*, and that death occurred on the date stated above at *8 a.m.* The CAUSE OF DEATH* was as follows:

refractive acute

(Duration).... yrs. mos. ds.
Contributory *Malerial Fever*
(Secondary) (Duration).... yrs. mos. ds.

(Signed) *A. Cornish*, M. D.
July 14, 1917 (Address) *Shelbville*

*State the Disease Cause DEATH, or, in deaths from Trauma Cause and (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDE.

18 LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS ON 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 *5 miles S. of* DATE OF BURIAL *July 15, 1917*

20 UNDERTAKER *Jos. C. Goff* ADDRESS *Kennett Ky*