FORM V. S. 1-2000.

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 3625

Registered No. [illegible]

(If dead was found in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH

County Muhlenberg

Reg. Dist. No. 16

Registration District No. 7136

Inc. Town

Primary Registration District No. 16

City (No. St., Ward)

2 FULL NAME Stella Bass

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): [illegible]

6 DATE OF BIRTH: 1 (Month) 20 (Day) 1916 (Year)

7 AGE: ...yrs. ...mos. ...ds. IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country): Hillside

PARENTS

10 NAME OF FATHER: Jno. McDowell

11 BIRTHPLACE OF FATHER (State or country): Ky.

12 MAIDEN NAME OF MOTHER: Felecia Grady

13 BIRTHPLACE OF MOTHER (State or country): Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address)

15

Filed ..., 191.. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 1 (Month) 20 (Day) 1916 (Year)

17 I HEREBY CERTIFY, That I attended deceased from 1-20, 191.., to ..., 191.., that I last saw h... alive on ..., 191.., and that death occurred on the date stated above at ...m. The CAUSE OF DEATH* was as follows:

...

...

...

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

Contributory (SECONDARY) ...

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

(Signed) C. A. Cavender, M. D.

1-20, 1916. (Address) Merida, 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 | DATE OF BURIAL ..., 191..

20 UNDERTAKER | ADDRESS

11—6304

WRITE PLAINLY, WITH BLACK INK—THIS IS A PERMANENT RECORD

B. S.—Every item of information should be given if possible. Data furnished should be full and complete. Name of deceased should be given in full. CAUSE OF DEATH should be stated in terms of disease and not of mode of dying. Such terms as heart failure, asthenia, etc., should not be used except as a consequence of some well defined disease. If deaths from violence, state the MEANS OF INJURY and whether ACCIDENTAL, SUICIDAL or HOMICIDAL. Burial permit cannot be issued until this certificate is filed. Information as to cause of death is very important.