

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

1 PLACE OF DEATH
County Muhlenberg
Vol. Beech Creek
Ino. Town # 28
City —

Registration District No. 872

File No. 27935

Registered No. 34

Primary Registration District No. 77259
8421

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

2 FULL NAME Jacob McIntire

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
(Write the word)

6 DATE OF BIRTH August 12, 1844
(Month) (Day) (Year)

7 AGE 66 yrs. 2 mos. 20 ds. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Lanecek County Ky

PARENTS

10 NAME OF FATHER Andrew McIntire

11 BIRTHPLACE OF FATHER (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (State or country) Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Rob Morris
(Address) Beech Creek Ky

15 Filed Oct. 10, 1915 J. H. Kimmel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH November 2, 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct. 20, 1915, to Nov. 2, 1915, that I last saw him alive on Nov. 1, 1915, and that death occurred on the date stated above at 4:37 a.m. The CAUSE OF DEATH* was as follows:

Urinary suppression
(Duration) 7 yrs. — mos. — ds.

Contributory Dyslipas
(SECONDARY) (Duration) — yrs. — mos. — ds.

(Signed) Rob Morris, M. D.
Nov. 2, 1915 (Address) Beech Creek 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 Lyles mines Ohio Co DATE OF BURIAL Nov. 3, 1915

20 UNDERTAKER L. H. Stuart ADDRESS Beech Creek Ky

2. Every item of information should be carefully verified. AGE should be stated in plain terms, so that it may be properly classified. Every statement of OCCUPATION is very important. See instructions on back of certificate.

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3/27/24