

Commonwealth of Kentucky

STATE BOARD OF HEALTH,

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Muhlenberg

Vot. Pot. Death # 20

Inc. Town _____

City _____ (No. _____ St., _____ Ward)

2 FULL NAME Charles M. Hursey

File No. 5420

Registered No. 55

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH _____ (Month) _____ (Day) _____ (Year)

7 AGE June 24 1866 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) _____

10 NAME OF FATHER Will McKenny
11 BIRTHPLACE OF FATHER (State or country) Virginia
12 MAIDEN NAME OF MOTHER Liddy Johnson
13 BIRTHPLACE OF MOTHER (State or country) Logan co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Shannon Moore (Address) DeJoy Ky

15 Filed 1913 Post Gardner REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 3, 1913 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 26, 1913, to Feb 2, 1913, that I last saw him alive on Feb 2, 1913, and that death occurred, on the date stated above, at 2³⁰ A.M.

The CAUSE OF DEATH* was as follows: Pneumonia
(Duration) _____ yrs. _____ mos. 2 ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) R. G. Carabite, M. D. 2/3, 1913 (Address) DeJoy

*State the DISEASE CAUSING DEATH, or, in deaths from VOLUNT 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 Unity DATE OF BURIAL 2/3, 1913
20 UNDERTAKER Shannon Moore & Co ADDRESS DeJoy Ky

WITH PLAINLY, WITH UNIFORMS THE-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.