

WRITE PLAIN (WITH UNFADING INK—THIS IS A PER-
MANENT 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.

FORM V B 1-800M 2-29-12

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

PLACE OF DEATH

County *Murphreeburg*

Vot. Pot. *Prohan*

Ino. Town

City

FULL NAME

Registration District No. *7140*

Primary Registration District No.

(No. *St.* Ward)

File No.

Registered No. *18*

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

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH *March - 26, 1879*
(Month) (Day) (Year)

AGE *39* yrs. *3* mos. *10* ds. IF LESS than 1 day... hrs. or min.?

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

BIRTHPLACE (State or country) *Murphreeburg, C.*

NAME OF FATHER *John McLevin*

BIRTHPLACE OF FATHER (State or country) *Murphreeburg, C.*

MAIDEN NAME OF MOTHER *Mary Stewart*

BIRTHPLACE OF MOTHER (State or country) *Ky.*

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Mrs. J. J. McLevin*

(Address) *Prohan, Ky.*

FILED *July 17, 1918* *J. K. Keener*

REGISTER

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH *July 16, 1918*
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased

from *July 16, 1918*, to *July 16, 1918*

that I last saw him alive on *July 16, 1918*

and that death occurred on the date stated above

at *Prohan, Ky.* The CAUSE OF DEATH was as follows:

Accidental death from a fall from a horse in a field near Prohan, Ky. Internal injuries.
(Duration) (yrs.) (mos.) (ds.)

Contributory (SECONDARY)

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

(Signed) *P. A. Waggoner*, M. D.

July 17, 1918 (Address) *Prohan, Ky.*

*State the DISEASE CAUSING DEATH, or, in deaths from violent causes, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

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

PLACE OF BURIAL OR REMOVAL *Concord*

DATE OF BURIAL *July 17, 1918*

INTERMENT *Prohan*