FORM V. S. 1-500M 2-30-12

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

# CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Muhlenberg

Vet. Pct. Hill Side

Inc. Town

City Powderly

Registration District No. 236

Primary Registration District No. 16 Francis Perrin

File No. 16815

Registered No. 60

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

(No. ..... St., ..... Ward)

2 FULL NAME Leander McNutt

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX: male

4 COLOR OR RACE: negro

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Child

6 DATE OF BIRTH: 2 day apr, 1198 (Month) (Day) (Year)

7 AGE: ..... yrs. ..... mos. 17 ds.

IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country): Ohio County

PARENTS

10 NAME OF FATHER: J. R. McNutt

11 BIRTHPLACE OF FATHER (State or country): Grayson County

12 MAIDEN NAME OF MOTHER: Birthie Beard

13 BIRTHPLACE OF MOTHER (State or country): Ohio County

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. R. McNutt

(Address) Beaver Dam

15 Filed June 21, 1913 Mrs Wm Stanton V. H. Franklin REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: June 20, 1913 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 12, 1913, to June 20, 1913, that I last saw him alive on June 19, 1913, and that death occurred on the date stated above at 1:30 p.m. The CAUSE OF DEATH* was as follows:

Cholera Infantum

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

Contributory (SECONDARY)

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

(Signed) C. B. Martin, M. D.

June 21, 1913 (Address) Greenville 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 Beaver Dam

19 PLACE OF BURIAL OR REMOVAL: Jas E George

DATE OF BURIAL: June 21, 1913

20 UNDERTAKER: Jas E George

ADDRESS: Greenville Ky

11—3184

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

B. 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.