

1 PLACE OF DEATH

County Muhlenberg

Vol. Fol. East Provesa

Inc. Town .....

City .....

Registration District No. 871

Primary Registration Dist. No. 7122

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

File No. 13576

Registered No. 43

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

2 FULL NAME Samuel M. Mearns

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 MARRIAGE: widowed (Write the word)

6 DATE OF BIRTH ..... 1 ..... (Month) (Day) (Year)

7 AGE 58 yrs. .... mos. .... ds. If LESS than 1 day .... hrs. or .... min.?

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

9 BIRTHPLACE (State or country) Muhlenberg Co

10 NAME OF FATHER Albert Mearns

11 BIRTHPLACE OF FATHER (State or country) not known

12 MAIDEN NAME OF MOTHER .....

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) J. A. Williams (Address) Greenville Ky

15 FILED MAY 6 1912 J. H. Fraullier REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 6, 1912 (Month) (Day) (Year)

17 HEREBY CERTIFY, That I attended deceased from April 22, 1912, to May 6, 1912 that I last saw him alive on May 5<sup>th</sup>, 1912 and that death occurred, on the date stated above, at 11:30 AM.

The CAUSE OF DEATH\* was as follows: Rheumatism

(Duration) 30 yrs. .... mos. .... ds. Contributory (Secondary) (Duration) .... yrs. .... mos. .... ds.

(Signed) E. B. Post M. D. May 6, 1912 (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, TRANSCENTS 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 Jessie's Chapel DATE OF BURIAL 5/7, 1912

20 UNDERTAKER M. B. McDonald ADDRESS Greenville Ky

WRITE PLAIN, WITH SPACING BE-TWEEN IS A PERMANENT RECORD. E. S. - Every item of information should be carefully verified. AGE should be stated EXACTLY. PHYSICIAN 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.