

1 PLACE OF DEATH

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHCounty MuhlenbergVol. No. # 8Registration District No. 2867Inc. Town PenrodPrimary Registration District No. 1090

City (No. St. Ward)

2 FULL NAME Frankling MahanFile No. 25264

Registered No. _____

(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 Infant
Married
Widowed
or Divorced
(Write the word)6 DATE OF BIRTH Sept 30, 1925
(Month) (Day) (Year)7 AGE _____ yrs. _____ mos. 1 day
IF LESS than 1 day _____ hrs. or _____ min?8 OCCUPATION
(a) Trade, profession or particular kind of work _____
(b) General nature of industry, business or establishment in which employed (or employer) _____9 BIRTHPLACE (State or country) Kentucky

PARENTS

10 NAME OF FATHER Jesse Mahan11 BIRTHPLACE OF FATHER (State or country) Ky.12 MAIDEN NAME OF MOTHER Lucie Garrett13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jesse Mahan
(Address) Yost Ky.15 Filed Oct 1, 1925 Hollie Bailey
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 1, 1925
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 192____, to _____, 192____, that I last saw h..... alive on _____, 192____, and that death occurred on the date stated above at _____m.

The CAUSE OF DEATH* was as follows:
8 months baby lived 12 hrs.
(Duration) _____ yrs. _____ mos. _____ ds.Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) No Physician, M. D.
(Address) _____, 192____

*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 _____ In the of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds. Where was disease contracted, _____

If not at place of death? _____ Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Hazel Creek DATE OF BURIAL Oct 2, 192520 UNDERTAKER L. H. Stuart ADDRESS Buck Creek Ky.

WRITE PLAINLY, WITH UNFADING INK—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 language so that it may be properly classified. It is very important. See instructions on back of certificate.