

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

1 PLACE OF DEATH

County Muhlenberg  
City W. P. H. Registration District No. 171

File No. 29656  
Registered No. 94

Inc. Town..... Primary Registration District No. 7121

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

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

2 FULL NAME George Washington Mohr

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH June 14, 1872  
(Month) (Day) (Year)

7 AGE 42 yrs. 5 mos. 12 ds. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Muhlenberg County, Ky

PARENTS

10 NAME OF FATHER Elijah Mohr

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co. Ky

12 MAIDEN NAME OF MOTHER Mattie Duke

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co. Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thos. Duke  
(Address) W. P. H. Ky

15 Filed Nov 27 1914 W. S. Grassie  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov. 26, 1914  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 12, 1914, to Nov 26, 1914, that I last saw him alive on Nov 26, 1914, and that death occurred on the date stated above at 3:45 p.m. The CAUSE OF DEATH\* was as follows:

Typhoid fever  
(Duration)..... yrs..... mos. 14 ds.

Contributory malaria  
(SECONDARY) (Duration)..... yrs..... mos..... ds.

(Signed) J. E. Grace, M. D.  
Nov. 26, 1914 (Address) Halys Mill 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 .....

19 PLACE OF BURIAL OR REMOVAL Cherry Grove Ky DATE OF BURIAL Nov. 27 1914

20 UNDERTAKER McDonald & Jewett ADDRESS Greenville Ky

WRITE PLAIN WITH UNFADING INK--THIS IS A PERMITS 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.