

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21950

1 PLACE OF DEATH
County Muhlenberg
Vol. Pot. C House
Inc. Town
City

Registration District No. 871
Primary Registration District No. 7190

File No.
Registered No.

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

2 FULL NAME Robert Mundy (No. St., ... Ward)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, <input checked="" type="checkbox"/> MARRIED, WIDOWED, OR DIVORCED (Write the word)
6 DATE OF BIRTH, <u>1</u> (Month) (Day) (Year)		
7 AGE <u>11</u> yrs. mos. ds.		IF LESS than 1 day ... hrs. or ... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>at home</u> (b) General nature of industry business or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country) <u>Muhlenberg Co. Ky</u>		
PARENTS	10 NAME OF FATHER <u>Herman Mundy</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Todd Co. Ky</u>	
	12 MAIDEN NAME OF MOTHER <u>Minnie Moore</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Muhlenberg Co. Ky</u>	

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
July 8, 1919
(Month) (Day) (Year)

17 **HEREBY CERTIFY, That I attended deceased**
from June 10, 1919, to July 8, 1919,
that I last saw him alive on July 8, 1919,
and that death occurred on the date stated above
at 4300 m. The CAUSE OF DEATH* was as follows:
Typhoid Fever
..... (Duration) yrs. mos. ds.
Contributory (SECONDARY) (Duration) yrs. mos. ds.
(Signed) B. G. Gogolite, M. D.
July 8, 1919 (Address) Depoy 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. State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) D. B. Sanford
(Address) Greenville Ky

19 PLACE OF BURIAL OR REMOVAL <u>Lee B. G.</u>	DATE OF BURIAL <u>July 9, 1919</u>
20 UNDERTAKER <u>McDonald & Bell</u>	ADDRESS <u>Greenville Ky</u>

15 Filed July 9, 1919 B. G. Gogolite
REGISTRAR

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 terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.