

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

PLACE OF DEATH
County Wickliffe
Vol. No. Hillside
Inc. Town.....
City..... (No. St. Ward)

Registration District No. 7136
Primary Registration Dist. No.

File No. 32696
Registered No.

FULL NAME Frank Murphy

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

PERSONAL AND STATISTICAL PARTICULARS

1 SEX male 2 COLOR OR RACE white 3 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

4 DATE OF BIRTH Oct 6, 1849
(Month) (Day) (Year)

7 AGE 45 yrs. 3 mos. 24 ds. If LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Logan County Ky

10 NAME OF FATHER Geo Murphy

11 BIRTHPLACE OF FATHER (State or country) Monroe County Ky

15 MAIDEN NAME OF MOTHER Cessna Culbertson

12 BIRTHPLACE OF MOTHER (State or country) Logan County Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Anna Murphy
(Address) Hillside Ky

13 Filed....., 191.....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 30th, 1914
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from....., 191....., to....., 191.....
that I last saw h..... alive on....., 191.....
and that death occurred, on the date stated above, at.....
The CAUSE OF DEATH* was as follows:

By fall of slate on
mines of Greenville Coal
Co. (Duration)..... yrs. mos. ds.

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

(Signed) H. S. ... (Address) ...
Dec 30th, 1914

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, (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..... DATE OF BURIAL....., 191.....

20 UNDERTAKER Martin Moore ADDRESS ...

WRITE PLAINLY, WITH CORRECT SPELLING, IN A PREVIOUSLY UNWRITTEN HAND. Every item of information should be carefully checked. AGE should be stated IN FULL. 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.