

7122

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

18159

PLACE OF DEATH
County Muhlenberg
Vol. Pat. Bremen
Inc. Town _____
City _____ (No. _____ St. _____ Ward _____)

File No. _____
Registered No. 58

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

FULL NAME Myers

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.

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Female
2 COLOR OR RACE White
3 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
4 DATE OF BIRTH July 28 1912
(Month) (Day) (Year)

7 AGE non if LESS than 1 day... hrs. or... min.?
yrs. mos. ds.

8 OCCUPATION
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer)
None

9 BIRTHPLACE (State or country) Muhlenberg Co Ky

10 NAME OF FATHER Carroll Myers

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

12 MAIDEN NAME OF MOTHER Ada V. Vanbibber

13 BIRTHPLACE OF MOTHER (State or country) Henderson Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) R. L. Robinson
(Address) Midland Ky

15 Filed July 28, 1912 W. C. Grundy
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 28 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 1912, to _____, 1912,

that I last saw him alive on _____, 1912,

and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:
Stillborn at term
Duration: yrs. mos. ds.

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

(Signed) W. B. Threlkeld, M. D.
July 28 1912 (Address) Bremen Ky

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDE.

(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 Midland Ky DATE OF BURIAL July 29 1912

20 UNDERTAKER B. Street ADDRESS Bremen Ky