

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

1 PLACE OF DEATH

County Muhlenberg

Vol. No. East Boggs Registration District No. 871

Ino. Town. Brunswick Primary Registration District No. 2496

City (No. St. Ward)

2 FULL NAME Mark Myers

File No. 11232

Registered No. 46

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Feb 23, 1891
(Month) (Day) (Year)

7 AGE 9.2 yrs. 0 mos. 0 ds. 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) wagoner

9 BIRTHPLACE (State or country) Madison Co. Ky

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (State or country) unknown

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (State or country) Madison

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) D. H. Harrison (Address) Brunswick

15 Filed Apr 29, 1913 W. H. Franklin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Apr. 28, 1913
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 23, 1913, to April 28, 1913, that I last saw him alive on April 27, 1913, and that death occurred on the date stated above at 6:30 p.m. The CAUSE OF DEATH was as follows:

Hemiplegia
(Duration) ... yrs. ... mos. ... ds.

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

(Signed) A. Ornelius, M. D. Apr 30, 1913. (Address) Brunswick

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 Brunswick DATE OF BURIAL Apr. 29, 1913

20 UNDERTAKER James E. George ADDRESS Brunswick

WITH FADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.