

Form V. S. 1-50m-2-4-31
1 PLACE OF DEATH
County Muhlenberg
Vot. Pct. _____
Inc. Town Bremen Ky
City _____ (No. _____ St., _____ Ward)

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 1
Registered No. 97

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

2 FULL NAME Benjamin Neal

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Married Married Widowed or Divorced (Write the word)

6 DATE OF BIRTH Nov 20 1927
(Month) (Day) (Year)

7 AGE 87 yrs. 11 mos. 15 ds. IF LESS than 1 day _____ hrs. or _____ min?

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

9 BIRTHPLACE (State or country) Muhlenberg Ky.

PARENTS
10 NAME OF FATHER Joseph Neal
11 BIRTHPLACE OF FATHER (State or country) Ky.
12 MAIDEN NAME OF MOTHER Sallie Gish
13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Jake Neal (Address) Bremen Ky.

15 Filed _____, 192____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 11-5-1927
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 4-1-1925, to 1-1-1927, that I last saw him alive on 11-5-1927, and that death occurred on the date stated above at 6 P.M.

The CAUSE OF DEATH* was as follows: Nephritis

(Duration) _____ yrs. _____ mos. _____ ds.
Contributory (Secondary) Nephritis
(Signed) W. H. Moore, M. D.
11-6-1927 (Address)

*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 _____ in the State _____ of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds. Where was disease contracted, Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Shades Chapel DATE OF BURIAL Nov 6 1927

20 UNDERTAKER J. B. Tucker ADDRESS Bremen Ky.

WRITE PLAINLY, 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.