

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

1 PLACE OF DEATH

County Muhlenberg

Vot. Pot. Es. Corroleton

Ino. Town.....

City..... (No..... St.,..... Ward)

Registration District No. 7121

Primary Registration District No.

File No. 5107

Registered No. 2

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

DEATH

2 FULL NAME James H. Nelson

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH....., 1.....
(Month) (Day) (Year)

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

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

9 BIRTHPLACE (State or country) Edgewood Ky

10 NAME OF FATHER Robert Mann

11 BIRTHPLACE OF FATHER (State or country) Robert Mann

12 MAIDEN NAME OF MOTHER Robert Mann

13 BIRTHPLACE OF MOTHER (State or country) Robert Mann

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) S. M. Nelson

(Address) Bremen

15 Filed Jan 31, 1918 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 31, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1918, to Jan 31, 1918, that I last saw him alive on Jan 31, 1918,

and that death occurred on the date stated above at 4 P.M. The CAUSE OF DEATH* was as follows:

La Grippe

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

(Signed) J. R. Barnes, M. D. Jan 31, 1918 (Address) So. Carrollton

*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 St. Pius DATE OF BURIAL Feb 1, 1918

20 UNDERTAKER Joe Treha ADDRESS Bremen

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.