

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

1 PLACE OF DEATH

County Muhlenberg

Vet. C. L. Nause

Ino. Town

City

Registration District No. 271

Primary Registration District No. 2436

St., Ward

File No. **25498**

Registered No.

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

2 FULL NAME Wyatt Black Newman

PERSONAL AND STATISTICAL PARTICULARS

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

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

7 AGE (Yrs.) (Mos.) (Ds.) IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Muhlenberg County

10 NAME OF FATHER W. F. Newman

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co

12 MAIDEN NAME OF MOTHER Elizabeth Wyatt

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) John F. Hedden (Address) Greenville Ky.

15 Filed 10/13/15 C. B. Wierwille REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 13 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 7, 1914, to July 7, 1915, that I last saw him alive on July 7, 1915, and that death occurred on the date stated above at 5 P.M. The CAUSE OF DEATH\* was as follows:

Phthisis Pulmonalis

(Duration) 27 yrs. mos. ds.

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

(Signed) Henry J. Platon, M. D. Oct 13, 1915 (Address) Greenville, Ky.

\*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 Mount Hill DATE OF BURIAL 10/13/15

UNDERTAKER Oran Cook ADDRESS Greenville Ky.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

E. 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.