

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County BushlandVol. No. 1000012111

Inc. Town _____

City _____ (No. _____)

Registration District No. 7134

Primary Registration Dist. No. _____

City _____ (No. _____) St. _____ Ward _____

File No. 19288Registered No. 7

If death occurred in a hospital or institution give the name thereof and number.

FULL NAME Stillborn

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White MARRIED, WIDOWED, OR DIVORCED Single (Write the word)DATE OF BIRTH 7 2 1914
(Month) (Day) (Year)AGE 7 yrs. 2 mos. 1 day
N LESS than 1 day - hrs. or - min.

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

BIRTHPLACE (State or country) Bushland, Ky.NAME OF FATHER Sam NickolsBIRTHPLACE OF FATHER (State or country) Bushland, Ky.MAIDEN NAME OF MOTHER Letella BruceBIRTHPLACE OF MOTHER (State or country) Bushland, Ky.IS THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) J. J. Edge M.D.(Address) Lebanon, Ky.Filed 7/2 1914 L. A. Stewart REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 7 2 1914
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from 7/2/1914, to 7/2/1914, that I last saw him alive on 7/2/1914and that death occurred, on the date stated above, at 3:45 a.m.The CAUSE OF DEATH* was as follows:
Endometritis about p. post.

* (Duration) _____ yrs. _____ mos. _____ ds.

Contributory (secondary) _____ yrs. _____ mos. _____ ds.

(Signed) J. J. Edge M. D.7/2/1914 (Address) Lebanon, Ky.

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MANNER OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

(3) LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS or RECENT RESIDENTS) _____ in the place of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds.

Where was disease contracted, if not at place of death? _____ Former or usual residence _____

PLACE OF BURIAL OR REMOVAL PrivateDATE OF BURIAL 7/2/1914UNDERTAKER J. C. JohnsonADDRESS Bruner, Ky.

THESE PLACES, WITH CERTAIN OTHERS, ARE TO BE KEPT IN FULLY PREPARED AND OPEN TO THE PUBLIC AT ALL TIMES. THE PUBLIC IS TO BE KEPT ADVISED OF THE RESULTS OF INVESTIGATIONS IN THIS OFFICE. THE PUBLIC IS TO BE KEPT ADVISED OF THE RESULTS OF INVESTIGATIONS IN THIS OFFICE. THE PUBLIC IS TO BE KEPT ADVISED OF THE RESULTS OF INVESTIGATIONS IN THIS OFFICE.