

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Mulenburg Co

Vot. Pot. Graham Registration District No. 7140

Ino. Town..... Primary Registration District No. ....

City Graham Ky. (No. Geo Oliver St., ..... Ward)

2 FULL NAME Still Born Child (5 months)

File No. 30413

Registered No. 84

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1 SEX male 4 COLOR OR RACE white 5 SINGLE MARRIED, WIDOWED OR DIVORCED (Write the word) Single

16 DATE OF DEATH Nov 23 1913  
(Month) (Day) (Year)

6 DATE OF BIRTH Nov. 23 1913  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov. 23, 1913, to Nov. 23, 1913, that I last saw him alive on Nov. 23, 1913, and that death occurred on the date stated above at 7:00 PM. The CAUSE OF DEATH\* was as follows: Still Born Child of 5 months

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

8 OCCUPATION (a) Trade, profession, or particular kind of work. None (b) General nature of industry business or establishment in which employed (or employer) .....

9 BIRTHPLACE (State or country) Graham Ky

Contributory (SECONDARY) 10 minutes  
(Duration) ..... yrs..... mos..... ds.

10 NAME OF FATHER Geo Wm Oliver

11 BIRTHPLACE OF FATHER (State or country) Hopkins Co Ky

12 MAIDEN NAME OF MOTHER Anna Garro

13 BIRTHPLACE OF MOTHER (State or country) Hopkins Co

(Signed) C. R. Bennett, M. D.  
Nov. 23, 1913 (Address) Graham Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Anna Oliver  
(Address) Graham Ky

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

15 Filed 11/24/13 J. Kemery

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 Private Nursing, 191... DATE OF BURIAL

20 UNDERTAKER Graham ADDRESS

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

N. B.—Every item of information should be carefully supplied. AGE should be given EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. OCCUPATION is very important. See instructions on back of certificate.