

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

18166

1 PLACE OF DEATH
County Martin
Vol. # 6
Inc. Town Drakesboro
City 15 (No. _____ St.; _____ Ward)
2 FULL NAME Samuel Owen

File No. _____
Registered No. 17
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>wid</u> (Write the word)
6 DATE OF BIRTH <u>Jan 11</u> 1899 (Month) (Day) (Year)		
7 AGE <u>84</u> yrs. mos. ds.		If LESS than 1 day... hrs. or min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) <u>Farmer</u>		
9 BIRTHPLACE (State or country) <u>Knox county Ky</u>		
PARENTS	10 NAME OF FATHER <u>Samuel Owen</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>don't know</u>	
	12 MAIDEN NAME OF MOTHER <u>Julia A Deerham</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Rock Castle CO Ind</u>	

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH
July 12 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 12, 1912, to July 13, 1912, that I last saw him alive on July 12, 1912, and that death occurred, on the date stated above, at 4 P.M.
The CAUSE OF DEATH* was as follows:
Apoplexy
(Duration) ... yrs. ... mos. ... ds.
Contributory
Brain pressure (Duration) ... yrs. ... mos. ... ds.
(Signed) J. D. Curditt, M. D.
July 10, 1912 (Address) Drakesboro 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, TRANSMENTS 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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Sarah Chambers
(Address) Drakesboro Ky

15 Filled July 21 1912 J. P. Kimmel
REGISTRAR

19 PLACE OF BURIAL OR REMOVAL
Byzath Chapel

20 UNDERTAKER
Marion Moore

DATE OF BURIAL
7-12 1912

ADDRESS
Central City

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.

WRITE PLAIN WITH UNFADING INK—THIS IS A PERNANENT RECORD