

COMMONWEALTH OF KENTUCKY
 State Board of Health
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

File No. 15943

1 PLACE OF DEATH

County MuhlenbergVot. Pct. Penrod

Inc. Town.....

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

Registration District No. 7/12 8

Primary Registration District No.....

Registered No.....

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

2 FULL NAME James Roscoe Page Jr

PERSONAL AND STATISTICAL PARTICULARS

 3 SEX m 4 COLOR OR RACE w 5 Single Married Widowed or Divorced Single
 (Write the word)
6 DATE OF BIRTH June 29, 1921
 (Month) (Day) (Year)7 AGE _____ yrs. _____ mos. 13 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) Muhlenberg10 NAME OF FATHER James Roscoe Page Sr11 BIRTHPLACE OF FATHER (State or country) McLairm Co Ky12 MAIDEN NAME OF MOTHER Gertrude Cox13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. H. Cox(Address) Sumner Ky15 Filed 7/12, 1921 Hollie Beuley Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 12, 1921
 (Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from July 12, 1921 to July 12, 1921, that I last saw him alive on July 12, 1921, and that death occurred on the date stated above at 7 am.The CAUSE OF DEATH* was as follows:
malnutrition
 (Duration) _____ yrs. _____ mos. 7 ds.Contributory (Secondary) Premature Birth
 (Duration) _____ yrs. 7 mos. _____ ds.(Signed) J. G. James, M. D.
July 12 1921 (Address) Sumner 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 _____ 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 Saltsburg DATE OF BURIAL 7/11, 192120 UNDERTAKER D. Rector ADDRESS Sumner Ky

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.