

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

5:29

1 PLACE OF DEATH
County Muhlenberg

File No.

2 SEX Male

3 REGISTERED
District No. 871

Registered No.

4 VOTER
Incl. Town Fuzerue

5 PRIMARY REGISTRATION
District No. 7137

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

6 CITY
City Jalan Thomas Pentecost

(No. St., Ward)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

7 SEX Male
8 COLOR OR RACE White
9 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

16 DATE OF DEATH
February 1, 1918
(Month) (Day) (Year)

10 DATE OF BIRTH
May 4, 1840
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 31, 1918, to Feb 1, 1918, that I last saw him alive on Feb 1, 1918,

11 AGE
77 yrs. 8 mos. 27 ds.
IF LESS than 1 day... hrs. or... min.?

and that death occurred on the date stated above at 10am. The CAUSE OF DEATH* was as follows:
Paralysis

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

(Duration) ... yrs. ... mos. ... ds.
Contributory (SECONDARY) Bright's Disease
(Duration) 7 yrs. 6 mos. ... ds.

13 BIRTHPLACE (State or country)
Robertson Co. Tenn.

(Signed) C. L. Reynolds, M. D.
Feb 2, 1918 (Address) Greenville

14 NAME OF FATHER

15 BIRTHPLACE OF FATHER (State or country)
Robertson County

16 MAIDEN NAME OF MOTHER
Patsy Head

17 BIRTHPLACE OF MOTHER (State or country)
Robertson County

*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 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. A. Pentecost
(Address) Fuzerue, Ky.

19 PLACE OF BURIAL OR REMOVAL
Negro graveyard

DATE OF BURIAL
21 7, 1918

20 FILED
7/2, 1918
D. K. Wickliffe
M. W. Wickliffe REGISTRAR

20 UNDERTAKER
Oren L. Roark
Greenville, Ky.

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

B. E.--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.