

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

20757

PLACE OF DEATH
County Muhlenberg
Vol. No. Subsidiary
Inc. Town _____
City _____ (No. _____ St.; _____ Ward)

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

FULL NAME Daniel Perdue

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE Wht SINGLE, MARRIED, WIDOWED, OR DIVORCED wid
(Write the word)

DATE OF BIRTH _____ (Month) _____ (Day) 1 (Year)

AGE 38 yrs. _____ mos. _____ ds. If LESS than 1 day _____ hrs. or _____ min.?

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

BIRTHPLACE (state or country) Ky.

PARENTS
10 NAME OF FATHER Jack Perdue
11 BIRTHPLACE OF FATHER (State or country) Ky
12 MAIDEN NAME OF MOTHER Adeline Foller
13 BIRTHPLACE OF MOTHER (State or country) Ky

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Tom Perdue
(Address) Knightburg

FILED Aug 15, 1912 Old Fleming
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH Aug 17, 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov, 1917, to June, 1912, that I last saw him alive on about June 20, 1912, and that death occurred, on the date stated above, at 10 p.m.

THE CAUSE OF DEATH* was as follows:
Diabetes Mellitus
(Duration) 1 yrs. _____ mos. _____ ds.

Contributory _____ (Secondary)
(Signed) S. S. McQuinn, M. D.
Aug 17, 1912 (Address) Rochester, Ky

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

LENGTH OF RESIDENCE (For Non-Res. ALB., 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 _____

PLACE OF BURIAL OR REMOVAL Simmons Chapel DATE OF BURIAL Aug 15 1912
UNDERTAKER Murcer & Co ADDRESS Rochester

WRITE PLAIN - WITH CHARACTERS NOT THIS IS A PUNISHMENT - BEHOLD

Caution: Every item of information should be carefully supplied. All 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.