

Always write with ink)

# TRANSPORTATION OF CORPSE

Form V. S. 65. 10M. 1-25-11

Commonwealth of Kentucky

Transit Permit No. 74

## PLACE OF DEATH

STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS

20741

State of Kentucky,

## CERTIFICATE OF DEATH

County of Martin

City of West Paducah (No. 871-7133 St.;          Ward)

2 FULL NAME Frank Pettie

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

### Personal and Statistical Particulars

### Medical Certificate of Death

3 SEX male 4 COLOR OR RACE negro 5 Single, Married, Widowed, or Divorced Single  
(WRITE the word)

16 DATE OF DEATH Aug 22, 1912  
[Month] [Day] [Year]

6 DATE OF BIRTH Oct 10 1889  
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Aug 17, 1912, to Aug 22, 1912, that I last saw him alive on Aug 17, 1912, and that death occurred, on date stated above, at 1:45 p.m.

7 AGE 23 yrs.          mos.          ds.

The CAUSE OF DEATH\* was as follows:

8 OCCUPATION coal miner

9 BIRTHPLACE (State or country) St Charles Ky

Paralysis.  
(Duration) 3 yrs.          mos.          ds.

10 NAME OF FATHER Henry Pettie

11 BIRTHPLACE OF FATHER (State or country) Illinois

12 MAIDEN NAME OF MOTHER unknown

13 BIRTHPLACE OF MOTHER (State or country) unknown

Contributory (Secondary)           
(Duration)          yrs.          mos.          ds.  
(Signed) A. Cornlund, M. D.  
Aug 22, 1912 Address Elmoreville Ky

14 THE ABOVE IS TRUE TO THE BEST OF THE KNOWLEDGE AND BELIEF OF (Informant) Wm Johnson  
(Address) Paducah Ky

18 LENGTH OF RESIDENCE (For Hospital, Institution, Transients or Boarding Houses)  
At place of death          yrs.          mos.          ds. In the State          yrs.          mos.          ds.

15 PLACE WHERE REMAINS ARE TO BE SENT St Charles DATE OF SHIPMENT Aug 23, 1912

Where was disease contracted, if not at place of death?           
Former or usual residence         

SHIPPING UNDERTAKER Geo E Long

SHIP NAME Geo E Long ADDRESS Elmoreville Ky

WRITE CLEARLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

A. B.—Every line of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.

If the body is to be buried within the State of Kentucky, the Receiving Undertaker will detach the Transit Permit at this point and deliver it to the sexton or other persons in charge of the cemetery or burial ground where burial takes place.