

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

PLACE OF DEATH

Muhlenberg

3

Registration District No. 270

File No. 3623

Central City

Primary Registration District No. 2435

Registered No. 11

City (No. St. Ward)

FULL NAME A. I. Phelps

DELAY

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH Jan 26 1916 (Month Day Year)

DATE OF BIRTH January 13 1916 (Month Day Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 20, 1916, to Jan 26, 1916, that I last saw him alive on Jan 26, 1916, and that death occurred on the date stated above at 11 A.M. The CAUSE OF DEATH was as follows: Lapin

7 AGE yrs. mos. 9 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)

Contributory (SECONDARY) (Duration) yrs. mos. ds.

9 PLACE OF BIRTH Muhlenberg Co.

(Signed) J. J. McFarland, M. D. (Address) Central City, Ky

10 NAME OF FATHER A. I. Phelps

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

11 BIRTHPLACE OF FATHER (State or country) MeLain Co.

12 MARRIAGE NAME OF SPOUSE Katie Murphy

13 BIRTHPLACE OF SPOUSE (State or country) Muhlenberg Co.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Signature) A. I. Phelps (Address) Central City, Ky

15 PLACE OF BURIAL OR REMOVAL In the State yrs. mos. ds. Former or usual residence

16 UNDERTAKER (Signature) Martin Moore

17 DATE OF BURIAL (Date) Jan 27, 1916 ADDRESS