

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

**PLACE OF DEATH**

County Muhlenberg

Vot. Prec. North Central City 7

Incl. Town \_\_\_\_\_

City Central City (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

870  
2435

File No. 2544

Registered No. 7

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

FULL NAME Not named, died before birth

**PERSONAL AND STATISTICAL PARTICULARS**

1 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) \_\_\_\_\_

6 DATE OF BIRTH January 30, 1913  
 (Month) (Day) (Year)

7 AGE dead when born 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) \_\_\_\_\_

9 BIRTHPLACE (State or country) Muhlenberg Co Ky

10 NAME OF FATHER Mr Phillips

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co Ky

12 MAIDEN NAME OF MOTHER Bernice Williams

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mr Phillips (Address) Central City Ky

15 Filed Feb 6, 1913 A L Bland REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

10 DATE OF DEATH Jan 30, 1913  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from normal death to Jan 30, 1913

that I last saw h... alive on \_\_\_\_\_, 191... and that death occurred, on the date stated above, at \_\_\_\_\_ m. The CAUSE OF DEATH\* was as follows:

\_\_\_\_\_  
 \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (Secondary) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) H. M. Deussen, M. D. Jan 30, 1913 (Address) Central City 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 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 PLACE OF BURIAL OR REMOVAL Briar Creek DATE OF BURIAL Jan 31, 1913

20 UNDERTAKER Mathie Moore ADDRESS Central City

N. B.—Every item of information should be carefully checked. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain language so that it may be properly classified. Extra amount of COOPERATION is very important. See instructions on back of certificate.