

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

PLACE OF DEATH
County Muhlenberg
Vol. No. 1630
Inc. Town _____
City _____ (No. _____ St.) _____ Ward _____

File No. 32697

Registered No. _____

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

FULL NAME Guy Porter

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH April 20, 1894
(Month) (Day) (Year)

AGE 20 yrs. mos. ds. If LESS than 1 day hrs. or min.?

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

BIRTHPLACE (State or country) Cromwell Ohio

PARENTS

10 NAME OF FATHER William K. Porter

11 BIRTHPLACE OF FATHER (State or country) Ky.

12 MAIDEN NAME OF MOTHER Prueled Upton

13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) William K. Porter
(Address) Beverdam

15

Filed Jan 7, 1915

W. H. Stape REGISTRAR

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH December 19, 1914
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec-12, 1914, to Dec-19, 1914, that I last saw him alive on Dec-18, 1914, and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH was as follows: Brain St. W. and in neck.

(Duration) yrs. mos. ds.

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

(Signed) E. W. DeWitt M. D.
E. E. DeWitt (Address) Rockport 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 Davis Grave yard DATE OF BURIAL Dec 19 1914

20 UNDERTAKER J. C. Williams ADDRESS Rockport Ky.

WRITE PLAINLY, WITH CAREFUL SPELLING IN A PERMANENT INK. 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.