

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

23086

File No. _____

Registered No. _____

1 PLACE OF DEATH

County MuhlenbergVot. Prec. PerrowRegistration District No. 1090

In the Town _____

Primary Registration District No. 6808

City _____

(No. _____ St., _____ Ward)

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

2 FULL NAME Balives Buckner Posey

(a) Residence. No. _____ St., _____ Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE W 5 Single women
Married
Widowed
or Divorced
(Write the word)

5a If married, widowed, or divorced

HUSBAND of Mrs B.B. Posey
(or) WIFE of _____6 DATE OF BIRTH April 1 1861
(Month) (Day) (Year)7 AGE 74 yrs. 5 mos. 15 ds. IF LESS than 1
day _____ hrs.
or _____ min?

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business or establishment in which employed (or employer) _____

9 BIRTHPLACE (city or town) Muhlenberg Co
(State or country) _____10 NAME OF FATHER John Posey11 BIRTHPLACE OF FATHER (city or town) Not known
(State or country) _____12 MAIDEN NAME OF MOTHER Not known13 BIRTHPLACE OF MOTHER (city or town) Not known
(State or country) _____14 (Informant) R.A. Motion
(Address) Bush Creek15 Filed Oct 14, 1935 Mrs B & Cray
cray Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 16 1935
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased
from May 1, 1935, to Sept 1, 1935
that I last saw him alive on Sept 1, 1935and that death occurred on the date stated above at 2 P.m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis(Duration) _____ yrs. 7 mos. _____ ds.Contributory Senile Gangrene
(Secondary) _____(Duration) _____ yrs. 3 mos. _____ ds.

18 WHERE WAS DISEASE CONTRACTED

If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) W.A. Rankin, M. D.
Sept 17 1935 (Address) Bush Creek

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Wyatt Chapel 9/17 1935

UNDERTAKER ADDRESS

Victor Jenkins Bush Creek

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—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.

MADE REPRODUCED FOR RECORD