

STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

2513

1 PLACE OF DEATH

County *Mullensburg*

Vet. Pot. *West Court House*

Ino. Town *Greenville Ky*

City No. *14*

Registration District No. *871*

Primary Registration District No.

St., No. Ward

File No.

Registered No.

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

2 FULL NAME *Acid Prickett*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE MARRIED, WIDOWED OR DIVORCED (Write the word) *Child*

6 DATE OF BIRTH *0 0 1 5*  
(Month) (Day) (Year)

7 AGE *0* yrs. *0* mos. *0* 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) *Child*

9 BIRTHPLACE (State or country) *Mullensburg*

10 NAME OF FATHER *Tom Prickett*

11 BIRTHPLACE OF FATHER (State or country) *Mullensburg*

12 MAIDEN NAME OF MOTHER *Eula Martin*

13 BIRTHPLACE OF MOTHER (State or country) *Mullensburg*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Tom Prickett*  
(Address) *Greenville Ky*

15 Filed *27* 1917 *W. B. Ruedel*  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Jan 22, 1917*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Jan 22, 1917*, to *Jan 22, 1917*, that I last saw him alive on *Jan 22, 1917*, and that death occurred on the date stated above at *6* in *the CAUSE OF DEATH* was as follows:  
*Still born*

(Duration) yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) *T. B. Slaton*, M. D.

*Jan 22, 1917* (Address) *Greenville 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 *Reynolds' Trour yard* DATE OF BURIAL *Jan 22, 1917*

20 UNDERTAKER *Gas-C-George* ADDRESS *Greenville*

WRITE PLAINLY WITH BOLD LETTERS

THIS IS A PERMANENT RECORD. DO NOT DESTROY. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TEXT. OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.