

1 TRACED OF DEATH

 COMMONWEALTH OF KENTUCKY  
 State Board of Health  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

22555

 County Marshall File No. ....  
 Vol. Hillside Registration District No. 1090-6843 Registered No. ....  
 Inc. Town ..... Primary Registration District No. XXY  
 City ..... (No. .... St. .... Ward)  
 2 FULL NAME D. M. Putnam  
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

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

 6 DATE OF BIRTH Dec 1 1925  
 (Month) (Day) (Year)

 7 AGE 62 yrs. 9 mos. 14 ds. IF LESS than 1 day..... hrs. or..... min?

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

 9 BIRTHPLACE (State or country) Hopkins Co. Ky

 10 NAME OF FATHER Wick Putnam

 11 BIRTHPLACE OF FATHER (State or country) Hopkins Co. Ky

 12 MAIDEN NAME OF MOTHER Mary Berry

 13 BIRTHPLACE OF MOTHER (State or country) Hopkins Co. Ky

 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Mrs. D. M. Putnam

 (Address) Hillside Ky

 Filed 9/16/25 1925 D. M. Putnam Registrar

## MEDICAL CERTIFICATE OF DEATH

 16 DATE OF DEATH Sept. 15 1925  
 (Month) (Day) (Year)

 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1925, to Sept 15, 1925, that I last saw him alive on Sept 15, 1925, and that death occurred on the date stated above at 3:30 P.

 The CAUSE OF DEATH was as follows:  
Miss Accident Struck by  
Car - Street -

 (Duration) ..... yrs. .... mos. .... ds.  
 Contributory Accident  
 (Secondary)

 (Duration) ..... yrs. .... mos. .... ds.  
 (Signed) G. G. Crayden M. D.  
Sept 16, 1925 (Address) hosp. 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.

 15 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  
 at place ..... 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 Concord B. G. DATE OF BURIAL Sept 16, 1925

 20 UNDERTAKER M. B. McDonald ADDRESS Greenville Ky