

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

14138

1 PLACE OF DEATH

County *Muhlenberg*Vol. Pct. *South Carrollton*Inc. Town *"*

City

Registration District No. *1085*Primary Registration District No. *2678*

(No.

St.

Ward)

2 FULL NAME *John Quishenberry*

File No.

Registered No. *7*

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

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <i>male</i>	4 COLOR OR RACE <i>beal</i>	5 Single Married Widowed or Divorced (Write the words)
6 DATE OF BIRTH <i>May 13</i> (Month) (Day) (Year) <i>1927</i>		
7 AGE <i>50</i> yrs. mos. 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) *Plaster*

9 BIRTHPLACE (State or country) *South Carrollton Ky*

10 NAME OF FATHER *Hervey Quishenberry*

11 BIRTHPLACE OF FATHER (State or country) *South Carrollton*

12 MAIDEN NAME OF MOTHER *Nancy Quishenberry*

13 BIRTHPLACE OF MOTHER (State or country) *South Carrollton*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Bethie Quishenberry*(Address) *South Carrollton*

15

Filed *May 30*, 1927*Al. Haeberle*

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *May 13*, 1927  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *May 1st*, 1927 to *May 13*, 1927, that I last saw him alive on *May 13*, 1927, and that death occurred on the date stated above at *8 a.m.*

The CAUSE OF DEATH\* was as follows:

*Pulmonary tuberculosis*(Duration) *1* yrs. mos. ds.Contributory (Secondary) *Leban Pneumonia*

(Duration) yrs. mos. ds.

(Signed) *R. B. Bailey*, M. D.  
*May 30*, 1927 (Address) *Patent 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 in the  
of death yrs. mos. ds. State yrs. mos. ds.

Where was disease contracted,

if not at place of death?

Former or

usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

*South Carrollton Ky May 15*, 1927

20 UNDERTAKER

*James E. George General**City Ky*

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.