

31261

PLACE OF DEATH

County Muhlenberg

Vot. Prec. North Central City 74

Inc. Town \_\_\_\_\_

City Central City (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

870  
2435

File No. \_\_\_\_\_

Registered No. 73

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

FULL NAME Luther Bender

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE black SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) single

DATE OF BIRTH Dec. 27, 1915  
(Month) (Day) (Year)

AGE 21 yrs. 1 mos. 6 ds. If LESS than 1 day... hrs. or... min.?

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

BIRTHPLACE (State or country) Muhlenberg Co 74

10 NAME OF FATHER Nelson Bender

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co 74

12 MAIDEN NAME OF MOTHER Martha Van Meter

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co 74

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Robert Shreves

(Address) Central City 74

15 Filed Dec 28, 1915 A. L. Blandford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH Dec 27, 1915  
(Month) (Day) (Year)

11 I HEREBY CERTIFY, That I attended deceased from Jan 25, 1914, to Dec 27, 1915, that I last saw him alive on Dec 24, 1915, and that death occurred, on the date stated above, at 3:30 am. The CAUSE OF DEATH\* was as follows:

Chronic Subacute nephritis.

(Duration) yrs. mos. ds.

Contributory of poison

(Duration) yrs. mos. ds.

(Signed) J. M. Ferguson M. D. Dec 28, 1915 (Address) Central City 74

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSE, 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 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 South Carolina 74 DATE OF BURIAL Dec 28, 1915

20 UNDERTAKER James G. George ADDRESS Summersville 74

NOTE: 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.