

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Vol. Fol.

Ino. Town

City

2 FULL NAME

Registration District No.

Primary Registration District No.

(No.)

St.,

File No.

Registered No.

(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 *Colored* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *Married*

6 DATE OF BIRTH *March 11, 1886*
(Month) (Day) (Year)

7 AGE *28* yrs. *3* mos. *6* 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) *Ky.*

10 NAME OF FATHER *Nelson Renders*

11 BIRTHPLACE OF FATHER (State or country) *Ky.*

12 MAIDEN NAME OF MOTHER *Martha Vanmeter*

13 BIRTHPLACE OF MOTHER (State or country) *Ky.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *Ed. H. Hoover*
(Address) *P.O. Box 1, Ky.*

15 Filed *10-28*, 1914 *W. H. Hoover*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Oct 27, 1914*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Oct 27, 1914* to *Oct 27, 1914*, that I last saw him alive on *Oct 27, 1914*, and that death occurred on the date stated above at *11 A.M.* The CAUSE OF DEATH was as follows:
Killed by falling slate

(Duration) *...* yrs. *...* mos. *...* ds.

Contributory (SECONDARY) *...* (Duration) *...* yrs. *...* mos. *...* ds.

(Signed) *L. R. Willis*, M. D.
Oct 27, 1914 (Address) *Cle. Stanton, 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 *South-Carrollton, Ky.* DATE OF BURIAL *10-28, 1914*

20 UNDERTAKER *Ed. George* ADDRESS *Brownville, Ky.*

MADE IN RESPONSE TO REQUEST

WRITE PLAIN WITH UNFADING INK--THIS IS A PERMANENT RECORD

2. Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIAN 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.