

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

File No. 112

PLACE OF DEATH
County Martin

Vol. Posey Registration District No. 7129

Registered 3100

Ino. Town..... Primary Registration District No.

City..... (No. 1)..... St.,..... Ward)

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

1 FULL NAME Still Bern

PERSONAL AND STATISTICAL PARTICULARS

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

5 DATE OF BIRTH Nov 27, 1917
(Month) (Day) (Year)

7 AGE Still Bern STILL BORN
Day... hrs. or... mos. ds. or... mis.?

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

9 BIRTHPLACE (State or country) Mich Co Kent

10 NAME OF FATHER Charlie Sadler

11 BIRTHPLACE OF FATHER (State or country) Kent

12 MAIDEN NAME OF MOTHER McGhee

13 BIRTHPLACE OF MOTHER (State or country) Kent

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant).....
(Address).....

15 Filed 11/28, 1917 Victor Jenkins
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 27, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased Nov 27, 1917, to Nov 27, 1917, that I last saw h... alive on....., 191....., and that death occurred on the date stated above at 7:30 am. The CAUSE OF DEATH* was as follows:

Collapse of Card.

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

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

(Signed) J. H. Smith, M. D.
Nov 27, 1917 (Address) Greenville

*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 New Harmony DATE OF BURIAL 11/28, 1917

20 UNDERTAKER Victor Jenkins ADDRESS Greenville

N. B.—Every item of information should be carefully supplied. All deaths 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.

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