

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

18154

1 PLACE OF DEATH

County *Muhlenberg Ky.*

Vol. Pat. *So. Carrollton Ky.*

Ino. Town _____

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

File No. _____
Registered No. *814*

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

2 FULL NAME *(Stillborn) Sanders*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Boy* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*
(Write the word)

6 DATE OF BIRTH *July 13, 1912*
(Month) (Day) (Year)

7 AGE *Stillborn* ds. If LESS than 1 day ____ hrs. or ____ min.?

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

9 BIRTHPLACE (State or country) *Muhlenberg Ky.*

10 NAME OF FATHER *Frank C. Sanders*

11 BIRTHPLACE OF FATHER (State or country) *Smithsville Tenn.*

12 MAIDEN NAME OF MOTHER *Roxie P. Humphrey*

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *Frank C. Sanders*
(Address) *South Carrollton Ky.*

15 Filed *July 14, 1912* *A. G. Harper*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH *July 13, 1912*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *July 13, 1912* to _____, 191____, that I last saw _____ alive on _____, 191____, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:
Stillborn

STILLBORN

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

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

(Signed) *J. R. Barnes* M. D. *July 13 1912* (Address) *So. Carrollton 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 *Eates gran yard* DATE OF BURIAL *July 14, 1912*

20 UNDERTAKER *Frank Sanders* ADDRESS *So. Carrollton Ky.*

V. S.—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.