

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

13042

1 PLACE OF DEATH
County Muhlenberg
Vol. Pat. # 5-13 radestown
Inc. Town _____
City Drakesboro Ky. (No. _____) (St.) _____ Ward _____

File No. _____
Registered No. 21
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

872
7125

3 FULL NAME John Schmitt

PERSONAL AND STATISTICAL PARTICULARS

2 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) Married
6 DATE OF BIRTH About 1854 (Month) _____ (Day) 1 (Year) _____

7 AGE 60 yrs. _____ mos. _____ ds. If LESS than 1 day _____ hrs. or _____ min.?

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

9 BIRTHPLACE (state or country) not known

PARENTS
10 NAME OF FATHER not known
11 BIRTHPLACE OF FATHER (State or country) not known
12 MAIDEN NAME OF MOTHER not known
13 BIRTHPLACE OF MOTHER (State or country) " "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. H. House
(Address) Drakesboro Ky.

15 Filed 5/31, 1914 J. H. House REGISTRAR

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH MAY 31, 1914
(Month) (Day) (Year)

11 I HEREBY CERTIFY, That I attended deceased from FEB 15, 1914, to MAY 31, 1914, that I last saw him alive on MAY 31, 1914, and that death occurred, on the date stated above, at 8 p.m.
The CAUSE OF DEATH* was as follows:

CHRONIC INTERSTITIAL NEPHRITIS.

(Duration) _____ yrs. 6 mos. _____ ds.
Contributory (SECONDARY) _____
(Signed) A. D. Newman M. D.
MAY 31, 1914 (Address) DRAKESBORO KY.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, 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. State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, if not at place of death? _____
Former or usual residence _____

16 PLACE OF BURIAL OR REMOVAL Ebenezer Cemetery DATE OF BURIAL June 1st, 1914
17 UNDERTAKER J. H. House ADDRESS Drakesboro Ky.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
7. B.—Every item of information should be carefully supplied. AGE should be stated FULLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Examine statement of OCCUPATION to verify important. See instructions on back of certificate.