

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

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

File No. 25174
Registered No. 2
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

872
7125

2 FULL NAME Baby Scott

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Boy 4 COLOR OR RACE color 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) M
6 DATE OF BIRTH Sept 28, 1913
(Month) (Day) (Year)
7 AGE _____ yrs. _____ mos. _____ ds. If LESS than 1 day _____ hrs. or _____ min.?
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) Muhlenberg - Ky

PARENTS

10 NAME OF FATHER Edd Scott
11 BIRTHPLACE OF FATHER (State or country) Barby County Mo
12 MAIDEN NAME OF MOTHER Mrs. Hattie
13 BIRTHPLACE OF MOTHER (State or country) Tuskloosa Mo

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Edd Scott
(Address) Drakesboro Ky

15 Filed 9-24, 1913 J. A. Kimmel
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 9 28, 1913
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from Sept 28, 1913, to Sept 28, 1913.

that I last saw him alive on _____, 1913, and that death occurred, on the date stated above, at 6 a.m.

The CAUSE OF DEATH* was as follows:
Starth
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) L. A. Galt, M. D.
9-24, 1913 (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
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 Smiths Grove yard DATE OF BURIAL Sept 29 1913
20 UNDERTAKER L. S. Bridger ADDRESS Drakesboro Ky

2. B. - Every item of information should be carefully supplied. AGE should be stated in full. CAUSE OF DEATH in plain language, so that it may be properly classified. Ex. statement of OCCUPATION is very important. See instructions on back of certificate.