

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

31898

1 PLACE OF DEATH
County Muhlenberg
Vot. Pot. _____
Inc. Town Bremen 14
City _____ (No. _____ St.; _____ Ward)

File No. _____

Registered No. 4

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

2 FULL NAME Jesse Preston Short

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED single
(If write the word)

6 DATE OF BIRTH Aug 26, 1889
(Month) (Day) (Year)

7 AGE 28 yrs. 2 mos. 9 ds. If LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Hopkins Co Ky.

10 NAME OF FATHER George W. Short

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co Ky.

12 MAIDEN NAME OF MOTHER Miss Bettie Garrett

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jessie Moore
(Address) Bremen 14

15 Filed Nov 4, 1917 M. C. Grundy
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH November 4, 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 28th, 1917, to Nov 4, 1917, that I last saw him alive on Nov 4, 1917, and that death occurred, on the date stated above, at 5 P.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of lungs

(Duration) 3 yrs. 8 mos. ds.

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

(Signed) C. R. Robertson, M. D.
Nov 5, 1917 (Address) Bremen 14

*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 Bryers Creek Co DATE OF BURIAL Nov 5, 1917

20 UNDERTAKER J. B. Tucker ADDRESS Bremen 14