

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

1 PLACE OF DEATH

County Franklinburg
 Vet. Pot. Pennrod Registration District No. 7125
 Inc. Town Primary Registration District No.
 City (No. St., Ward)

File No. 31885

Registered No.

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

2 FULL NAME Mark Simmons

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Mar

6 DATE OF BIRTH April 21, 1950
 (Month) (Day) (Year)

7 AGE 57 yrs. 6 mos. 30 ds. IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Ky

PARENTS

10 NAME OF FATHER Wm H Simmons

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Miss Griffith

13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Beat Wood
 (Address) Sumner

15 Filed 11-21, 1914 H. B. Bewley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 20, 1917
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Head, to Physician, that I last saw him alive on 1917, and that death occurred on the date stated above at m. The CAUSE OF DEATH* was as follows:

Pneumonia & Tuberculosis
 (Duration) 6 yrs. 10 mos. 10 ds.
 Contributory 20 years

(Signed) E. M. Bewley, M. D.
11-20, 1917 (Address) Pennrod

*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 Hughes Cemetery DATE OF BURIAL 11-21, 1917

20 UNDERTAKER D. Rector ADDRESS Sumner

WRITE PLAINLY, IN UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--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.