

**COMMONWEALTH OF KENTUCKY**  
State Board of Health  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

File No. 07589  
Registered No. one

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

1 PLACE OF DEATH  
County, Muhlenberg  
Vol. Pct. Rosewood Registration District No. 7129  
Inc. Town, Country Primary Registration District No. 2470  
City, \_\_\_\_\_ (No. \_\_\_\_\_ St., \_\_\_\_\_ Ward)

2 FULL NAME Estel Skipworth**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX Male 4 COLOR OR RACE white 5 Single Single  
Married  
Widowed  
or Divorced  
(Write the word)

6 DATE OF BIRTH \_\_\_\_\_, 1\_\_\_\_  
(Month) (Day) (Year)

7 AGE about 19 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
IF LESS than 1  
day \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min?

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

9 BIRTHPLACE (State or country) Muh. Co. Ky.

10 NAME OF FATHER Roscoe Skipworth

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

12 MAIDEN NAME OF MOTHER Delia Hodge

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. T. Gault  
(Address) Greenville Ky R 4

15 Filed Apr 10, 1922  
Emma Smith Registrar

Emma Smith**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH Feb 26, 1922  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 2-17, 1922, to 2-23, 1922, that I last saw him alive on 2-23, 1922, and that death occurred on the date stated above at 4 P. m.

The CAUSE OF DEATH\* was as follows:

Lobar Pneumonia

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 8 ds.

Contributory (Secondary) \_\_\_\_\_

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) L. D. M. Baker, M. D.  
2-27, 1922 (Address) Greenville, 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 \_\_\_\_\_ In the  
of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Where was disease contracted,

If not at place of death? \_\_\_\_\_  
Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Skipworth P.O. DATE OF BURIAL, Feb 27, 1922

20 UNDERTAKER McDonald & Lewis ADDRESS Greenville

WRITE PLAINLY, WITH 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, that it may be properly classified. Exact Statement of OCCUPATION is very important. See instructions on back of certificate.