

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No.

Registered No.

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

1 PLACE OF DEATH
County Muhlenberg
Vot. Pct. C House
Inc. Town.....
City..... (No. St., Ward)

Registration District P 093
Primary Registration No. 6830

2 FULL NAME Harold Taylor Skipworth

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH April 4 1922
(Month) (Day) (Year)

7 AGE 11 yrs. 25 mos. 25 ds. IF LESS than 1 day hrs. or min?

8 OCCUPATION (a) Trade, profession or particular kind of work None (b) General nature of industry, business or establishment in which employed (or employer).....

9 BIRTHPLACE (State or country) Muhlenberg County Ky

10 NAME OF FATHER Harvey Skipworth

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

12 MAIDEN NAME OF MOTHER Blauche Taylor

13 BIRTHPLACE OF MOTHER (State or country) Ind.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Harvey Skipworth

(Address) Greenville Ky

15 Filed 192..... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 29 1923
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 3-20 - 1923, to 3-29 - 1923, that I last saw him alive on 3-29 - 1923, and that death occurred on the date stated above at 90 m.

The CAUSE OF DEATH* was as follows: Meningitis
(Duration) yrs. mos. 9 ds.

Contributory (Secondary) (Duration) yrs. mos. ds.

(Signed) J. R. Barum, M. D. 3-29-1923 (Address) Greenville

*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. d. Where was disease contracted, if not at place of death?.....

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Olive Grove 039 DATE OF BURIAL March 30 1923

20 UNDERTAKER McDonald & Delbert ADDRESS Greenville Ky

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain text, so that it may be properly classified. very important. See instructions on back of certificate.