

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

1 PLACE OF DEATH  
County Muhlenburg  
Vot. Pot. Rosewood  
Inc. Town Country  
City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

File No. 16309  
Registered No. 7129-

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

2 FULL NAME did not name it as it was born dead

## PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH June 6 8, 1912  
(Month) (Day) (Year)

7 AGE Born dead If LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min. ?  
\_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

9 BIRTHPLACE (State or country) Muhlenburg Co Ky

## PARENTS

10 NAME OF FATHER William Davis Skipworth

11 BIRTHPLACE OF FATHER (State or country) Muhlenburg Co Ky

12 MAIDEN NAME OF MOTHER Birdie Alice Johnson

13 BIRTHPLACE OF MOTHER (State or country) Muhlenburg Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) \_\_\_\_\_  
(Address) \_\_\_\_\_

15 H. Wesley Williams  
H. WESLEY WILLIAMS.  
REGISTRAR

Filed \_\_\_\_\_, 191

MEDICAL CERTIFICATE OF DEATH **DELAY**

16 DATE OF DEATH June 6 8, 1912  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 191\_\_\_\_, to \_\_\_\_\_, 191\_\_\_\_,

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 191\_\_\_\_, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

The CAUSE OF DEATH was as follows:  
donat. for the cause of death born dead  
\_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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

(Signed) J. H. Smith, M. D.  
June 13, 1912 (Address) Leitchfield 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 \_\_\_\_\_ DATE OF BURIAL July 9, 1912

20 UNDERTAKER H. WESLEY WILLIAMS. ADDRESS Country Ky

WRITE PLAIN WITH INKING ME-THE IS A PERMANENT RECORD  
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.