

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

1 PLACE OF DEATH

County *Muhlenberg Co.*

Vol. Fot.

Registration District No. *7126*File No. *57*Ino. Town *Paradise*

Primary Registration District No.

Registered No.

City

(No. St., Ward)

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

2 FULL NAME *Prucis Morton Smith*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Boy* 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH *Sept 9* 1913
(Month) (Day) (Year)

7 AGE *4* yrs. *11* mos. *28* ds. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) *Old Farm near Paradise Ky*

PARENTS

10 NAME OF FATHER *Thos A. Smith*

11 BIRTHPLACE OF FATHER (State or country) *Old Farm near Paradise Ky*

12 MAIDEN NAME OF MOTHER *Mary Sullivan*

13 BIRTHPLACE OF MOTHER (State or country) *Old Farm near Chillicothe Ky*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *Thos A. Smith*

(Address) *Paradise Ky*

15 Filed, 191

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Sept 9* 1913
(Month) (Day) (Year)

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

that I last saw h.... alive on, 191, and that death occurred on the date stated above at *2 Pm.* The CAUSE OF DEATH* was as follows:

Sucked to death by worm on abet. of Contrivances & neglect of Dr. DeWitt that was in of anal + urethra
(Duration) yrs. mos. *5* ds.

Contributory (SECONDARY)

(Signed) *Thomas A. Smith*, M. D.

1-29-1913 (Address)

*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 *Sept. 12* 1913

20 UNDERTAKER ADDRESS

DELAY

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, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.