FORM V. S. 1-500 M. 10-16-10

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

870
2435

File No. 31811

Registered No. 60

1 PLACE OF DEATH

County Muhlenberg

Vot. Pct. ....

Inc. Town Central City

City .... (No. .... St.; .... Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Frank Smith

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: Negro

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Dont-know

6 DATE OF BIRTH: Dont-know (Month) (Day) 1 (Year)

7 AGE .... yrs. .... mos. .... ds. If LESS than 1 day .... hrs. or .... min.?

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

9 BIRTHPLACE (State or country): Dont know

PARENTS

10 NAME OF FATHER: Dont know

11 BIRTHPLACE OF FATHER (State or country): Dont know

12 MAIDEN NAME OF MOTHER: Dont know

13 BIRTHPLACE OF MOTHER (State or country): Dont know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) ....

(Address) ....

15

Filed Dec 19, 1912 A L Blandford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: December (Month) 17 (Day), 1912 (Year)

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

that I last saw h.... alive on ...., 191..,

and that death occured, on the date stated above, at .... m.

The CAUSE OF DEATH* was as follows:
Death caused by gun shot wound in back of head, made by Policeman Robert Glenn while the said Frank Smith was fleeing from arrest (Duration) .... yrs. .... mos. .... ds.

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

(Signed) C R Lewis, M. D. Coroner

Dec 17, 1912 (Address) Cleaton, 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 ...., 191..

20 UNDERTAKER ....

ADDRESS ....

11—6186

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.