

1 PLACE OF DEATH

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____

County MuhlenbergVot. Prec. Central CityRegistration District No. 1082Registered No. 17

Inc. Town _____

Primary Registration District No. 2495

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

City Central City Ky

(No. _____ St. _____ Ward _____)

2 FULL NAME Henry Smith

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Single
Married Married
Widowed Widowed
or Divorced Widowed
(Write the word)6 DATE OF BIRTH June 6 - 1892
(Month) (Day) (Year)7 AGE 33 yrs. 9 mos. - ds.
IF LESS than 1 day _____ hrs. or _____ min?8 OCCUPATION
(a) Trade, profession or particular kind of work coal miner
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) 1 Ky

PARENTS

10 NAME OF FATHER Philly Smith11 BIRTHPLACE OF FATHER (State or country) W. Va12 MAIDEN NAME OF MOTHER Bally Jones13 BIRTHPLACE OF MOTHER (State or country) 1 Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Will Smith
(Address) Central City Ky15 Filed 3/10, 1925 = A. L. Bradford Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 6, 1925
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Feb 16, 1925, to March 6, 1925, that I last saw him alive on March 6, 1925, and that death occurred on the date stated above at 6 P. m.The CAUSE OF DEATH* was as follows:
Shot from a pistol through his kidney
(Duration) _____ yrs. _____ mos. _____ ds.Contributory (Secondary) Miliary Tuberculosis
(Duration) _____ yrs. _____ mos. _____ ds.(Signed) R. V. Bailey, M. D.
March 7, 1925 (Address) Central City

*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 Lewford, Ky. DATE OF BURIAL Mar 8, 192520 UNDERTAKER Gen. E. Gough ADDRESS Central City Kycc 791
4-18-25cc 868
4-20-25