

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

1 PLACE OF DEATH

County *Muhlenberg*Vet. Post *Beech Creek*Inc. Town *X 22*

City

Registration District No. *872*Primary Registration District No. *71250*St. *8421*File No. *25402*Registered No. *31*

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

2 FULL NAME *James H. Smith*

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH *Aug. 17, 1883*
(Month) (Day) (Year)7 AGE *53* yrs. *1* mos. *21* ds. IF LESS than 1 day... hrs. or... min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work... *Treasurer*
(b) General nature of industry business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) *Muhlenberg Co., Ky.*

PARENTS

10 NAME OF FATHER *William B. Smith*11 BIRTHPLACE OF FATHER (State or country) *West Virginia*12 MAIDEN NAME OF MOTHER *Susan Jackson*13 BIRTHPLACE OF MOTHER (State or country) *Kentucky*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *C. W. Smith*(Address) *Beech Creek, Ky.*15 Filed *Oct. 11, 1915* *J. R. Kimmel* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *5 Oct. 8, 1915*
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from *Aug 5, 1915* to *Oct 8, 1915* that I last saw him alive on *Sept. 28, 1915* and that death occurred on the date stated above at *6 P.m.* The CAUSE OF DEATH* was as follows:
Cancer of the Liver
(Duration) *X* yrs. *3* mos. ds.

Contributory (SECONDARY)

(Signed) *Robert O. Morris*, M. D.
Oct 9, 1915 (Address) *Beech Creek, 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 *Wyatts Chapel* DATE OF BURIAL *Oct. 7, 1915*20 UNDERTAKER *L. H. Stuart* ADDRESS *Beech Creek, Ky.*

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PREVENTIVE MEASURE

N. B.—Every item of information should be carefully supplied. All should be stated exactly. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Every statement of OCCUPATION is very important. See instructions on back of certificate.