

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

14747

PLACE OF DEATH  
County Muhlenberg  
Reg. Dist. 872  
City Drakesboro Primary Registration District No. 2422  
St.                      Ward                       
FULL NAME: John C. Smith

File No.                       
Registered No. 28

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE Negro 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
(Write the word)  
6 DATE OF BIRTH July 25, 1874  
(Month) (Day) (Year)  
7 AGE 75 yrs. 9 mos. 27 ds. IF LESS than 1 day... hrs. or... min.?  
8 OCCUPATION (a) Trade, profession, or particular kind of work. Minister  
(b) General nature of industry business or establishment in which employed (or employer)  
9 BIRTHPLACE (State or country) Rockingham Co., N.C.  
10 NAME OF FATHER Not known  
11 BIRTHPLACE OF FATHER (State or country)  
12 MAIDEN NAME OF MOTHER  
13 BIRTHPLACE OF MOTHER (State or country)

16 DATE OF DEATH May 23, 1920  
(Month) (Day) (Year)  
17 I HEREBY CERTIFY, that I attended deceased from May 23, 1920 to May 23, 1920, that I last saw him alive on May 22, 1920, and that death occurred on the date stated above at 5 A.M. The CAUSE OF DEATH was as follows:  
Angina Pectoris  
(Duration) 15 Min.  
Contributory (Secondary)                       
(Duration)                       
(Signed) H. D. Neuman, M. D.  
May 23, 1920 (Address) Drakesboro, Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Scott Smith  
(Address) Drakesboro, Ky.  
15 Filed 5/24/20 J. R. Kinard REGISTRAR

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  
At place of death                      yrs.                      mos.                      ds. State                      yrs.                      mos.                      ds.  
Where was disease contracted, if not at place of death?  
Former or usual residence                       
19 PLACE OF BURIAL OR REMOVAL Smith's Graveyard DATE OF BURIAL May 24, 1920  
20 UNDERTAKER J. E. George Greenville, Ky. ADDRESS                     

B. 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 recorded. Exact statement of OCCUPATION is very important. See instructions on back of certificate.