

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

1 PLACE OF DEATH

County Muhlenberg

Vot. Pot. 22

Registration District No. 872

Inc. Town Buckland

Primary Registration District No. 8421

City (No. _____) St. _____ Ward _____

2 FULL NAME Joseph L. Smith

File No. 21275

Registered No. 28

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 1850
 (Month) (Day) (Year)

7 AGE 68 yrs. - mos. - 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) Warren Mo Ky

PARENTS
 10 NAME OF FATHER
 11 BIRTHPLACE OF FATHER (State or country)
 12 MAIDEN NAME OF MOTHER
 13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) B. M. Smith
 (Address) Buckland Ky

15 Filed 9/23, 1918 J. L. Kincaid REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 8 23 1918
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 22, 1918, to Aug 23, 1918, that I last saw him alive on Aug 22, 1918, and that death occurred on the date stated above at 2.0 p.m. The CAUSE OF DEATH* was as follows:

Ileus colitis
 (Duration)..... yrs..... mos. 21 ds.

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

(Signed) S. A. Metz M. D.
Prattville, 1918 (Address) Prattville, Ky

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TENANTS 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 Rhodes DATE OF BURIAL 9/24, 1918

20 UNDERTAKER L. H. Smart ADDRESS Buckland Ky

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.
 REPRODUCED FROM THE ORIGINAL