

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Mulheberg

Vot. Pct. 32

Inc. Town Drakesboro

City (No. _____ St., _____ Ward)

Registration District No. 1099

Primary Registration District No. 4822

File No. _____

Registered No. 13806

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

2 FULL NAME J. R. Smith Jr.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Negro 5 Single Married Widowed or Divorced (Write the word) Single

6 DATE OF BIRTH May 18, 1926
(Month) (Day) (Year)

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

8 OCCUPATION (a) Trade, profession or particular kind of work none (b) General nature of industry, business or establishment in which employed (or employer) none

9 BIRTHPLACE (State or country) Kentucky

10 NAME OF FATHER J. R. Smith

11 BIRTHPLACE OF FATHER (State or country) Ala.

12 MAIDEN NAME OF MOTHER Hattie McRae

13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. R. Smith
(Address) Drakesboro Ky.

15 Filed 5-29, 1926

Registrar J. H. Kinard

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 18, 1926
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 5-18-, 1926, to 5-18-, 1926, that I last saw h. in alive on 5-18-, 1926, and that death occurred on the date stated above at 4:30 a.m.

The CAUSE OF DEATH* was as follows:

Still Born
(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. P. Haralson, M. D.
5-18-, 1926 (Address) Drakesboro 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. State _____ yrs. _____ mos. _____ ds.

Where was disease contracted, if not at place of death? _____ Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Cemetery Smith DATE OF BURIAL May 18, 1926

20 UNDERTAKER Blake Finch ADDRESS Drakesboro

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.

MARRIAGES REGISTERED FOR INDEXING



BIRTH