

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Muhlenberg

Vol. Pat. East Padgett

Inc. Town

City

Registration District No. 87

Primary Registration Dist. No. 7127

(No. St. Ward)

File No. 25170

Registered No. 24

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

3 FULL NAME Tie Smith

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 1 (Month) (Day) (Year)

7 AGE 65 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)

9 BIRTHPLACE (State or country) Muhlenberg County

10 NAME OF FATHER Unknown

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) E. O. Lee

(Address) Greenwell, Ky.

15 Filed 9/26, 1913 M. H. Emmons REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept. 25, 1913 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept. 15, 1913, to Sept. 25, 1913, that I last saw him alive on Sept. 24, 1913, and that death occurred, on the date stated above, at 4P m.

The CAUSE OF DEATH* was as follows: Tuberculosis of lungs (Duration) 2 yrs. mos. ds.

Contributory (Secondary)

(Signed) R. P. Moore, M. D. 9/26, 1913 (Address) Greenwell, 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, Transients or Recent Residents) At place of death 4 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 County farm DATE OF BURIAL 9/26, 1913

20 UNDERTAKER Oren L. Roark ADDRESS Greenwell, Ky.

M. D.—Every item of information on this certificate supplied. AGE should be stated in full. OCCUPATION should state the nature of the occupation. STATE OF DEATH should be stated. STATE OF OCCUPATION is very important. See instructions on back of certificate.