

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

1 PLACE OF DEATH

County Muhlenberg

Vol. Pot. # 5

Ino. Town Drakesboro Ky

City

Registration District No.

Primary Registration District No. 7128

File No.

Registered 21274

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

2 FULL NAME Vernon Smith

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Dec 19, 1917
(Month) (Day) (Year)

7 AGE yrs. 8 mos. 20 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) Drakesboro Ky

10 NAME OF FATHER Tom Smith

11 BIRTHPLACE OF FATHER (State or country) Ohio Co. Ky

12 MAIDEN NAME OF MOTHER Lena-Kulinsq

13 BIRTHPLACE OF MOTHER (State or country) W. Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Tom Smith (Address) Drakesboro Ky

15 Filed Apr 10, 1918 Hattie B. Rowler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 8 29, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 31, 1918, to Aug 29, 1918, that I last saw him alive on Aug 27, 1918, and that death occurred on the date stated above at 8 P.M. The CAUSE OF DEATH* was as follows:

Chronic ulceration of trachea
(Duration) yrs. mos. 29 ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.
(Signed) L. A. Decker M. D.
8-29-18 (Address) Drakesboro Ky

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

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) in the 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 Drakesboro Ky DATE OF BURIAL 8/30, 1918

20 UNDERTAKER Hullas Reed ADDRESS Drakesboro Ky

WRITE PLAINLY, WITH SPARING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.