

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

2167

1 PLACE OF DEATH
 County Muhlenberg

Vot. Prec. Beach Creek Registration District No. 1092

Inc. Town..... Primary Registration District No. 6828A

City..... No..... St.,..... Ward) Registered No.....

2 FULL NAME Wash Barrell

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u>
6 DATE OF BIRTH <u>Nov 17, 1870</u> (Month) (Day) (Year)		
7 AGE <u>5 1/2</u> yrs... <u>1</u> mos... <u>20</u> 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) <u>Farmer</u>		
9 BIRTHPLACE (State or country) <u>Bethel Co., Ky</u>		

PARENTS	10 NAME OF FATHER <u>Jim Barrell</u>
	11 BIRTHPLACE OF FATHER (State or country) <u>Ky</u>
	12 MAIDEN NAME OF MOTHER <u>Elizabeth Weldon</u>
	13 BIRTHPLACE OF MOTHER (State or country) <u>Ky</u>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) W. H. Rivers
 (Address) Beach Creek

15 Filed 7/9, 1917 Victor J. ...
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH January 7, 1917
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 15, 1916 to Nov 20, 1916, that I last saw him alive on Nov 28, 1916, and that death occurred on the date stated above at 3:38 p.m. The CAUSE OF DEATH* was as follows:
Pulmonary tuberculosis

(Duration) 18 yrs... mos... ds.

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

(Signed) M. R. Richardson, M. D.
 Jan 8, 1917 (Address) Beach Creek

*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 Wright Chapel DATE OF BURIAL 1-8, 1917

20 UNDERTAKER L. H. Stuart Beach Creek ADDRESS