

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. **23107**Registered No. **29**

1. PLACE OF DEATH

County **Muhlenberg**Vol. Pat. **32**Inn. Town **Drakesboro**Registration District No. **1088**Primary Registration District No. **2437**

City

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME **John W. Stahl**(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

| | | | | |
|--|---------------------------------|---|------------------|---|
| 3. SEX m. | 4. COLOR OR RACE col. | 5. Single, Married, Widowed or Divorced (write the word) | | |
| 6. DATE OF BIRTH Jan. 26 1853 | | | | |
| 7. AGE 82 | Years 8 | Months 4 | Days 4 | IF LESS than 1 day.....hrs. or.....min. |
| 8. Trade, profession, or particular kind of work done, as spinner, carpenter, bookkeeper, etc. | | | | |
| 9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. | | | | |
| 10. Date deceased last worked at this occupation (month and year) | | | | |
| 11. Total time (years) spent in this occupation | | | | |

12. BIRTHPLACE **Butler Co. Ky**13. NAME **Granville Stahl**14. BIRTHPLACE **not known**15. MAIDEN NAME **Harriet Martin**16. BIRTHPLACE **Simpson Ky.**17. INFORMANT **L. B. Smith**(Address) **Drakesboro. Ky.**18. BURIAL, CREMATION, OR REMOVAL
Place **Rocky Hill Ky 9/2**19. UNDERTAKER **Greenville Funeral Home**(Address) **Greenville Ky**20. FILED **9-2-35** **J. H. Kinard**
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH **Sept 1**, 19**35**

22. I HEREBY CERTIFY, That I attended deceased from

_____ 19____ to _____ 19____

I last saw h. _____ alive on _____ 19____ death is said
to have occurred on the date stated above, at **3:30 a.m.**
The principal cause of death and related causes of importance
in order of onset were as follows:**Senility**Date of
onsetContributory causes of importance not related to
principal cause:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the
following:

Accident, suicide, or homicide? _____ date of injury _____ 19____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in
public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of

deceased? _____ If so, specify _____

(Signed) **Louise Bryan**(Address) **Central City Ky**MARGIN RESERVED FOR B.INDING
N. B. WRITE PLAINLY IN INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully checked. AGE should be stated EXACTLY. PH. No. 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.