

22910

FORM V 5 1 2008 5-20-11

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

PLACE OF DEATH
County Muhlenberg
Vot. Pot. Ennis
Ino. Town
City (No. St., Ward)
FULL NAME Charles Sullivan

File No.
Registered No. 15
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|-----------------------------|---|
| 3 SEX <u>M</u> | 4 COLOR OR RACE <u>W</u> | 5 SINGLE MARRIED, WIDOWED OR DIVORCED (Write the word) <u>Married</u> |
| 6 DATE OF BIRTH <u>1837</u> (Month) (Day) (Year) | | |
| 7 AGE <u>85</u> yrs. mos. ds. | | IF LESS than 1 day ... hrs. or ... min.? |
| 8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Retired farmer</u> (b) General nature of industry business or establishment in which employed (or employer) | | |
| 9 BIRTHPLACE (State or country) <u>County Cook Ireland</u> | | |

PARENTS

| |
|--|
| 10 NAME OF FATHER <u>John Sullivan</u> |
| 11 BIRTHPLACE OF FATHER (State or country) <u>Ireland</u> |
| 12 MAIDEN NAME OF MOTHER <u>Unknown</u> |
| 13 BIRTHPLACE OF MOTHER (State or country) |

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Don Sullivan
(Address) Green River

15 Filed 10-15, 1922 by G. S. Fleming
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
10 - 1 - 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1922, to Oct 1, 1922, that I last saw him alive on Oct 1, 1922, and that death occurred on the date stated above at 3.0 p.m. The CAUSE OF DEATH* was as follows:

Bronchial Pneumonia
Duration) yrs. mos. 3 ds.

Contributory (SECONDARY)
Duration) yrs. mos. ds.
(Signed) Henry Smith, M. D.
Oct - 2 - 1922 (Address) Rocheater 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. 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
Amended Cemetery
DATE OF BURIAL 10-2, 1922

20 UNDERTAKER
W J Hood
ADDRESS
Rocheater

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD
N. S.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in proper terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING