

COMMONWEALTH OF KENTUCKY

29081

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH1 PLACE OF DEATH
County Muhlenberg
Vot. Pct. Hillside
Inc. Town _____
City _____Registration District No. 1087
Primary Registration District No. _____File No. _____
Registered No. _____

2 FULL NAME

(a) Residence. No. Marvin Sullivan 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 Male 4 COLOR OR RACE white 5 Single
Married
Widowed
or Divorced
(Write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6 DATE OF BIRTH March 30 1925
(Month) (Day) (Year)7 AGE 2 yrs. 8 mos. 1 ds. IF LESS than 1
day _____ hrs.
or _____ min?

8 OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of work None
(b) General nature of industry,
business or establishment in
which employed (or employer) _____9 BIRTHPLACE (city or town)
(State or country) Muhlenberg Co Ky.PARENTS
10 NAME OF FATHER Jesse Sullivan
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Muh. Co Ky.
12 MAIDEN NAME OF MOTHER Mabel Brown
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Union Co Ky.14 (Informant) Maggie Brown
(Address) Thermer Ky.15 Filed 12/2/27, 19 C. B. Wickliffe,
By M. Wells. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 1 1927
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased
from July 10, 1927, to Nov 15, 1927,
that I last saw him alive on Nov 15, 1927,
and that death occurred on the date stated above at _____ m.
The CAUSE OF DEATH* was as follows:Acute Nephritis
(Duration) _____ yrs. mos. ds.Contributory (Secondary) _____
(Duration) _____ yrs. mos. ds.

18 WHERE WAS DISEASE CONTRACTED

If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) B. S. Gledhill M. D.
Dec 2, 1927 (Address) Greenville Ky.*State the Disease Causing Death, or, in deaths from Violent
Causes, state (1) Means and nature of Injury; and (2) whether
Accidental, Suicidal or Homicidal. (See reverse side for additional space.)19 PLACE OF BURIAL OR REMOVAL Greenville Ky. DATE OF BURIAL Dec 2 192720 UNDERTAKER M. D. M. M. M. ADDRESS Greenville Ky.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAGNET ENGRAVED FOR RECORDS