

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

30756

1 PLACE OF DEATH
County Dodd
City Hickmanville (No. 1376 St. 2542 Ward)
Reg. Dist. No. 1376
Registered No. 12
Primary Registration District No. 2542
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Daniel W. Luiney

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male W.
4 COLOR OR RACE W.
5 Single married
Married
Widowed
or Divorced
(Write the word)
6 DATE OF BIRTH Feb. 25 1863
(Month) (Day) (Year)
7 AGE 62 yrs. 9 mos. 20 ds.
IF LESS than 1 day hrs. or min?
8 OCCUPATION
(a) Trade, profession or particular kind of work farming
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Monktonbury Co Ky

PARENTS
10 NAME OF FATHER William Luiney
11 BIRTHPLACE OF FATHER (State or country) Ky.
12 MAIDEN NAME OF MOTHER Marcell Decker
13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) D. W. Luiney
(Address) Hickmanville Ky

15 Filed 12/14 1925 Geo. L. Rice
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec. 14 1925
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from Jan. 1920, to May 1925, that I last saw him alive on May 11 1925, and that death occurred on the date stated above at 4:30 P.M.

The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
(Duration) 5 yrs. mos. ds.
Contributory (Secondary)
(Duration) yrs. mos. ds.
(Signed) Geo. W. Rice, M. D.
Dec. 15 1925 (Address) Hickmanville

*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 in the
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 Willsboro Cemetery DATE OF BURIAL 12/15 1925
20 UNDERTAKER L. L. Galt ADDRESS Hickmanville Ky

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS 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.