

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

File No. **21951**

1 PLACE OF DEATH

County **Muhlenberg**

Vot. Pot. **H. Bogger**

Registration District No. **871**

Ino. Town..... Primary Registration District No. **7133**

City..... (No. .... St. .... Ward) **Trine Girls of Mrs Mrs J. L. Faggert**

2 FULL NAME

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Female** 4 COLOR OR RACE **White** 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) **Single**

6 DATE OF BIRTH **July 13, 1919**  
(Month) (Day) (Year)

7 AGE ..... yrs. .... mos. **X** ds. IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work. **None** (b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) **Dupont Ky**

10 NAME OF FATHER **J. L. Faggert**

11 BIRTHPLACE OF FATHER (State or country) **Muhlenberg**

12 MAIDEN NAME OF MOTHER **Jamie Craig**

13 BIRTHPLACE OF MOTHER (State or country) **Muhlenberg**

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) **Max Goodman**

(Address) **Dupont Ky**

15 Filed **7/19**, 1919 **C. Beechey** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH **July 13, 1919**  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from **July 13, 1919**, to **July 13, 1919**, that I last saw h..... alive on....., 191....., and that death occurred on the date stated above at **8:30 pm**. The CAUSE OF DEATH\* was as follows: **Still born**

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

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

(Signed) **B. G. Loggins**, M. D. (Address) **Dupont 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 **Oak Grove** DATE OF BURIAL **7/13, 1919**

20 UNDERTAKER **Greenville Ky** ADDRESS

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 filed. Exact statement of OCCUPATION is very important. Instructions on back of certificate.