

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

17988

1 PLACE OF DEATH
 County Mullensberg
 Vol. Pat. December
 Inc. Town Quincy
 City H 5

Registration District No. 272
 Primary Registration Dist. No. 7135

File No.
 Registered No. 219

2 FULL NAME Charlie Taylor (Col)

(If death occurred in a hospital or institution, give the NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Black 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

6 DATE OF BIRTH Jan 23 1902
 (Month) (Day) (Year)

7 AGE 15 yrs 5 mos 6 ds If LESS than 1 day... hrs, or... min.?

8 OCCUPATION
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer) Laborer

9 BIRTHPLACE (State or country) Ohio County

PARENTS
 10 NAME OF FATHER Charlie Taylor
 11 BIRTHPLACE OF FATHER (State or country) Mullensberg
 12 MAIDEN NAME OF MOTHER Rosie Smith
 13 BIRTHPLACE OF MOTHER (State or country) Mullensberg

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Charlie Taylor
 (Address)

15 July 2, 1917 J. A. Kimmel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 28 1917
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 27 1917, to July 1 1917, that I last saw him alive on June 28 1917, and that death occurred, on the date stated above, at 11 m. The CAUSE OF DEATH* was as follows: Acute

(Duration) ... yrs. ... mos. 7 ds.
 Contributory (secondary) Epilepsy
 (Duration) ... yrs. ... mos. ... ds.
 (Signed) T. B. Slator, M. D.
June 29, 1917 (Address) Lawrence

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL
 (10) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
 At place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds.
 Where was disease contracted, if not at place of death?
 Former or usual residence

18 PLACE OF BURIAL OR REMOVAL Smith grave yard DATE OF BURIAL June 28 1917
 19 UNDERTAKER Geo B. George ADDRESS Bremville Ky

This is a duplicate of the original certificate. It is not valid for any purpose unless it is accompanied by the original.