

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHFile No. **5933**1 PLACE OF DEATH  
County Muhlenberg  
Vot. Pot. 1  
Inc. Town Bevin  
CityRegistration No. 71367094  
Primary Registration District No. 1840Registered No. 10

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

(No. .... St., .... Ward)

2 FULL NAME Mathew Taylor

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Black 5 Single Married  
Married  
Widowed  
or Divorced  
(Write the word)6 DATE OF BIRTH March 1, 1893  
(Month) (Day) (Year)7 AGE 30 yrs. 11 mos. 9 ds.  
IF LESS than 1 day ..... hrs. or ..... min?8 OCCUPATION  
(a) Trade, profession or particular kind of work Coal Miner  
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Tennessee10 NAME OF FATHER Green Taylor11 BIRTHPLACE OF FATHER (State or country) Tennessee12 MAIDEN NAME OF MOTHER Sarah Meligan13 BIRTHPLACE OF MOTHER (State or country) Tennessee14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) L. H. Huelshin(Address) Bevin15 Filed 2-11- 1923 W. H. Huelshin Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 10, 1923  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Jan 12, 1923 to Feb 10, 1923, that I last saw him alive on Jan 14, 1923, and that death occurred on the date stated above at 1:40 pm.

The CAUSE OF DEATH\* was as follows:

Tuberculosis  
1 year  
(Duration) ..... yrs. .... mos. .... ds.

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

(Signed) C. P. Huelshin, M. D.  
2/11, 1923 (Address) Bevin

\*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. .... d.

Where was disease contracted, if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Cowan DATE OF BURIAL Feb 12, 192320 UNDERTAKER Ed George ADDRESS BevinWRITE 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.