

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

13569

1 PLACE OF DEATH

County Marshallburg

Vol. Pat. _____

Inc. Town Paris

City _____ (No. _____ St.; _____ Ward)

(No. _____ St.; _____ Ward)

2 FULL NAME

Edmond Perry Trumbull

File No. _____

Registered No. 7126

[If death occurred in a hospital or institution give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH Dec 27 1921
(Month) (Day) (Year)

7 AGE 51 yrs. 4 mos. 25 ds. If LESS than 1 day ____ hrs. or ____ min.?

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

9 BIRTHPLACE (State or country) Wilson Co Tenn

PARENTS

10 NAME OF FATHER John Trumbull

11 BIRTHPLACE OF FATHER (State or country) W Va

12 MAIDEN NAME OF MOTHER Louise Bobbie

13 BIRTHPLACE OF MOTHER (State or country) Richmond Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) O. L. Trumbull
(Address) Harristown, Ky

15 DIED May 22 1912 Dr. J. H. Smith
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 22, 1912
(Month) (Day) Year

17 I HEREBY CERTIFY, That I attended deceased from May 16, 1912, to May 16, 1912, that I last saw h. 7 am alive on May 15, 1912, and that death occurred, on the date stated above, at 9:20 a.m. The CAUSE OF DEATH* was as follows:

Old age

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

Contributory (Successor) _____ (Duration) ____ yrs. ____ mos. ____ ds.
(Signed) E. J. Smith, M. D.
(Address) Paris, 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 Boarding 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 Van Diney DATE OF BURIAL May 23 1912

UNDERTAKER Marshallburg ADDRESS Centerville, Ky

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

WRITE PLAINLY. WITH ENGLISH SPELLING IN A FAMILIAR HAND.