

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Martin
 Vol. No. Skilesville
 Inc. Town.....
 City..... (No. St.)..... Ward)
 3 FULL NAME Stillbirth

Registration District No. 111113
 Primary Registration Dist. No. 1

File No. 29675
 Registered No.

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

PERSONAL AND STATISTICAL PARTICULARS

4 SEX Male 5 COLOR OR RACE White 6 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 (Write the word)
 7 DATE OF BIRTH 11 18 1914
 (Month) (Day) (Year)
 8 AGE yrs. mos. ds. If LESS than 1 day.... hrs. or.... min.?
 9 OCCUPATION
 (a) Trade, profession, or particular kind of work
 (b) General nature of industry, business, or establishment in which employed (or employer)
STILLBIRTH
 10 BIRTHPLACE (State or country) Ky
 11 NAME OF FATHER Wesley Turner
 12 BIRTHPLACE OF FATHER (State or country) Ky
 13 MAIDEN NAME OF MOTHER Bessie Buckner
 14 BIRTHPLACE OF MOTHER (State or country) Butler Co

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH 11 18 1914
 (Month) (Day) (Year)
 11 I HEREBY CERTIFY, That I attended deceased from 191... to 191...
 that I last saw h..... alive on 191...
 and that death occurred, on the date stated above, at..... m.
 The CAUSE OF DEATH* was as follows:

 (Duration) yrs. mos. ds.
 Contributory (SECONDARY)
 (Duration) yrs. mos. ds.
 (Signed) Leatha Master Wife
Nov. 24, 1914 (Address) Erwin
 *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL
 (1) 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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) John Turner
 (Address) Erwin
 15 Filed 11-19, 1914 Chas. Manning
 REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Windsor Cemetery DATE OF BURIAL 11 19 1914
 20 UNDERTAKER Mixer Co ADDRESS Richester

WRITE PLAINLY, WITH UNFAMING HINK-TONE IN A PERMANENT INK
 U. S.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PERSONS 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.