

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

1 PLACE OF DEATH

County Muhlenberg

Vet. Post A. C. City # 8

Registration District No. 270

Ino. Town

Primary Registration District No. 7123

City

(No. St. Ward)

2 FULL NAME Sam Ward

File No.

Registered No. 5865

(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 Single
(Write the word)

6 DATE OF BIRTH Aug 29th 1875
(Month) (Day) (Year)

7 AGE 40 yrs. 0 mos. 16 ds. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Muhlenberg

10 NAME OF FATHER Andrew J Ward

11 BIRTHPLACE OF FATHER (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Rachael Diverse

13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John Ward
(Address) Mercer St.

15 Filed July 15, 1916 A. L. Blandford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 14, 1916
(Month) (Day) (Year)

17 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:

Falling in branch and flying to death.
(Duration) ... yrs. ... mos. ... ds.

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

(Signed) W. S. Young, Coroner, M.D.
(Address) C. City, Ky.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE 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. State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death? ... Former or usual residence ...

19 PLACE OF BURIAL OR REMOVAL Bluff Spring Rd. DATE OF BURIAL July 15, 1916

UNDERTAKER Martin Moore ADDRESS Central City, Ky.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANY RECORD

Every item of information should be carefully examined. All deaths 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.