

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

## PLACE OF DEATH

County MuhlenbergVol. Pat. Peru No. 1 Ky.

Ino. Town.....

City..... (No..... St. Ward)

File No. 29662

Registered No. ....

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

FULL NAME David C. Warren

## PERSONAL AND STATISTICAL PARTICULARS

1 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Married</u>
6 DATE OF BIRTH <u>7</u> / <u>18</u> / <u>81</u> (Month) (Day) (Year)		
7 AGE <u>8</u> yrs. <u>4</u> mos. <u>3</u> 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)		
<u>Farmer</u>		
9 BIRTHPLACE (state or country) <u>Ky.</u>		

PARENTS	10 NAME OF FATHER <u>Elkin Warren</u>
	11 BIRTHPLACE OF FATHER (State or country) <u>Ky.</u>
	12 MAIDEN NAME OF MOTHER <u>Nannis Nelson</u>
	13 BIRTHPLACE OF MOTHER (State or country) <u>Ky.</u>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Robert Warren  
(Address) Yost, Ky.

15 Filed 11/4, 1914 M. E. Bewley  
REGISTER

## MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH  
11 / 4 / 1914  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from  
10-18, 1914, to 10-18, 1914  
that I last saw him alive on 10-18, 1914  
and that death occurred, on the date stated above, at 2 P.M.

The CAUSE OF DEATH\* was as follows:

Erysipelas

(Duration) ..... yrs. .... mos. .... ds.  
Contributory Scratch of a nail  
(SECONDARY) (Duration) ..... yrs. .... mos. .... ds.  
(Signed) E. M. Bewley, M. D.  
11/4, 1914 (Address) Peru No. 1 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 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  
Union Ridge

DATE OF BURIAL  
4 / 5 / 1914

20 UNDERTAKER  
Pearl Forsythe Yost, Ky.

ADDRESS

WRITE PLAIN WITH UNFADING INK—THIS IS A PERMANENT RECORD

B. E.—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.

RECORDS RECEIVED FOR DINING