

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

PLACE OF DEATH  
County Muhlenberg

Vol. Pat. \_\_\_\_\_

Inc. Town \_\_\_\_\_

City Gresham (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

890

File No. 18165

Registered No. \_\_\_\_\_  
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME Charles L. Watkins

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower  
(Write the word)

DATE OF BIRTH July 16, 1863  
(Month) (Day) (Year)

AGE 50 yrs. 9 mos. 9 ds.  
If LESS than 1 day... hrs. or... min.?

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

BIRTHPLACE (state or country) Muhlenberg Co Ky

10 NAME OF FATHER James L. Watkins

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co Ky

12 MAIDEN NAME OF MOTHER Cherry Trentress

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) D. A. Woodburn  
(Address) Central City Ky

15 Filed \_\_\_\_\_, 1912

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 25, 1912  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 23, 1912, to July 25, 1912  
that I last saw him alive on July 23, 1912  
and that death occurred, on the date stated above, at 4 P.M.

The CAUSE OF DEATH was, as follows:  
Heart failure due to Inanition

Contributory Diarrhea (Duration) 1 yrs. 1 mos. 1 ds.  
(SECONDARY)

(Signed) W. M. Dowell, M. D.  
July, 1912 (Address) Central City

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. 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 \_\_\_\_\_ DATE OF BURIAL \_\_\_\_\_, 1912

20 UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
M. D.—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.