

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

PLACE OF DEATH  
 County Madison  
 Vol. Pat. Revised  
 Inc. Town \_\_\_\_\_  
 City \_\_\_\_\_  
 FULL NAME B. F. Weatherford

7129

File No. 11  
21279  
 Registered No. 7129  
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Male 2 COLOR OR RACE White 3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) wid

4 DATE OF BIRTH Oct 24, 1849  
 (Month) (Day) (Year)

7 AGE 68 yrs. to 10 mos. 10 ds. If LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Madison Ky

PARENTS

10 NAME OF FATHER James Weatherford

11 BIRTHPLACE OF FATHER (State or country) Madison Ky

12 MAIDEN NAME OF MOTHER Moore

13 BIRTHPLACE OF MOTHER (State or country) Madison Ky

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH Aug 8, 1918  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 27, 1912 to Aug 3, 1918, that I last saw him alive on July 31, 1918, and that death occurred, on the date stated above, at 11 P. m.

The CAUSE OF DEATH\* was as follows:  
Pulmonary Tuberculosis

(Duration) 6 yrs. 3 mos. 5 ds.

Contributory (Secondary) \_\_\_\_\_ (Duration) yrs. mos. ds.

(Signed) J. B. Smith, M. D.  
Aug 14, 1918 (Address) Green Mills Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Raymond Sweney  
 (Address) Green Mills Ky

15 Filed 8/14, 1918 Victor J. ... REGISTRAR

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

(13) LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recruit Recruits)  
 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 Green Mills Ky DATE OF BURIAL 8/14, 1918

20 UNDERTAKER McDermott & Smith Green Mills ADDRESS \_\_\_\_\_

10, 14

B. F. Every item of information should be correctly supplied. AGE should be stated in YEARS OR MONTHS in plain figures, so that it may be properly classified. Exact amount of OCCUPATION important. See instructions on back of certificate.  
 WRITE PLAINLY, WITH INK AND IN CAPITAL LETTERS IS A FAVORABLE METHOD