

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

1 PLACE OF DEATH

County *Muhlenberg*

CERTIFICATE OF DEATH

Vol. *A. Central City*

Registration District No. *10 87*

File No.

Ino. Town *Central City*

Primary Registration District No. *2435*

Registered No. *63*

City (No) St., Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME *John Thomas Webb*

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 *Nov 8 1931*
(Month) (Day) (Year)

7 AGE *Stillborn* IF LESS than 1 day... hrs. yrs. mos. min.?

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

9 BIRTHPLACE (State or country) *Ky.*

PARENTS

10 NAME OF FATHER *Tom Webb*

11 BIRTHPLACE OF FATHER (State or country) *Ky.*

12 MAIDEN NAME OF MOTHER *Julie Purty*

13 BIRTHPLACE OF MOTHER (State or country) *Ky.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *Tom Webb*
(Address) *Central City Ky*

15 Filed *11/9 1931* *A. L. Sandford* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Nov 8 1931*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Nov 8 1931*, to *Nov 8 1931*, that I last saw *at* *alive on* *Bowling*, *1931*, and that death occurred on the date stated above at *2:15* p.m. The CAUSE OF DEATH* was as follows:
Pneumonia of Mother

(Duration) *6* yrs. *6* mos. *6* da.

Contributory (SECONDARY) (Duration) yrs. mos. da.
(Signed) *J. H. Fitzhugh*, M. D.
Nov 9 1931 (Address) *Central City 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. da. In the State yrs. mos. da.
Where was disease contracted, if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Bluff* DATE OF BURIAL *Nov 9 1931*
20 UNDERTAKER *Arthur L. Mosley* ADDRESS *Central City Ky*

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—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.