

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

PLACE OF DEATH
County Muhlenburg
Vot. Pot. Rosewood
Inc. Town Lisney Ky
City _____ (No. _____ St. _____ Ward _____)

File No. 13573

Registered No. _____

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

FULL NAME Earl Weir

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) single

6 DATE OF BIRTH May 5 1912
(Month) (Day) (Year)

7 AGE _____ yrs. _____ mos. _____ 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) had none

9 BIRTHPLACE (State or country) Lisney Muhlenburg Co Ky

10 NAME OF FATHER Morgan Weir

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

12 MAIDEN NAME OF MOTHER Bessie Robertson

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____

(Address) _____

15

Filed May 14, 1912 H. Wesley Williams
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 5 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 19, 1912, to May 16, 1912,

that I last saw him alive on Ben Dead, 1912,

and that death occurred, on the date stated above, at 9 m.

The CAUSE OF DEATH* was as follows:

Brain at no unless it was
carried from mother
washing the day before
never Breathed (Duration) _____ yrs. _____ mos. _____ ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. H. Smith, M. D.
May 14, 1912 (Address) Lisney 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. In the _____ yrs. _____ mos. _____ ds.

Where was disease contracted, if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Mt Vernon

DATE OF BURIAL

5/17, 191220 UNDERTAKER J. W. WilliamsADDRESS Lisney Ky

WRITE PLAIN. WITH UNFADING INK—THIS IS A PERMANENT RECORD.
E. 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.

STILL BORN