

Commonwealth of Kentucky

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County *Muhlenberg*Vot. Pot. *W. Covert House* Registration District No. *871*Ino. Town..... Primary Registration District No. *7131*

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

2 FULL NAME *James W. Welborn*File No. **24351**Registered No. *7*

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*
(Write the word)6 DATE OF BIRTH *June 5 1893*
(Month) (Day) (Year)7 AGE *61 yrs. 2 mos. 9 ds.* IF LESS than 1 day... hrs. or... min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work. *Farmer*
(b) General nature of industry business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) *Lodd Co Ky*PARENTS
10 NAME OF FATHER *James Welborn*
11 BIRTHPLACE OF FATHER (State or country) *Lodan Co Ky*
12 MAIDEN NAME OF MOTHER *Sarah Hardin*
13 BIRTHPLACE OF MOTHER (State or country) *Hobbin Co Ky*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Shelby Cory*
(Address) *W. Covert House*15 Filed Sept 23, 1914 *J. H. Franklin*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Sept 14, 1914*
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from *Sept 14, 1914*, to *Sept 14, 1914*, that I last saw h..... alive on....., 191.....

and that death occurred on the date stated above at..... m. The CAUSE OF DEATH* was as follows:

Accidental drowning while under him

..... (Duration)..... yrs..... mos..... ds.

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

(Signed) *D. B. Shatner*, M. D.
Sept 14, 1914 (Address) *Greenville*

*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

James B. G. DATE OF BURIAL *Sept 15, 1914*

UNDERTAKER

W. A. McDonald & Co. ADDRESS *Greenville*