

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

PLACE OF DEATH
County Muhlenberg
Vol. Fol. _____
Inc. Town Central City
City _____ (No. _____) (St. _____) Ward _____

Registration District No. 870
Primary Registration Dist. No. 2235

File No. 2542
Registered No. 5

(If death occurred in a hospital or institution, give the NAME instead of street and number.)

FULL NAME Leuster Blango West

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE white SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) single
DATE OF BIRTH July 6th 1912
(Month) (Day) (Year)
AGE 11 mos. 18 ds. If LESS than 1 day... hrs, or... min.?

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

BIRTHPLACE (State or country) Central City Ky.

PARENTS

10 NAME OF FATHER John A. West

11 BIRTHPLACE OF FATHER (State or country) W. Va. Logan Co. Ky.

12 MAIDEN NAME OF MOTHER Mrs. Nichols

13 BIRTHPLACE OF MOTHER (State or country) W. Va. Logan Co. Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John A. West (Father)
(Address) Central City Ky.

15 Filed _____, 1913 A. L. Blandford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH January 24th 1913
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 24th 1912, to Jan 24th 1913, that I last saw him alive on Jan 24th 1913, and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH* was as follows:

Broncho-Pneumonia.

(Duration) _____ yrs. _____ mos. 4 ds.

Contributory Whooping cough
(Secondary) (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. P. Walters, M. D.
Jan 24, 1913. (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. _____ 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 Shelf Burying Ground DATE OF BURIAL Jan 25 1913

20 UNDERTAKER Martin Moore ADDRESS Central City

U. S. - Every item of information should be carefully supplied. AGE should be stated in years, fractions of years should state the GAINS OF YEARS in plain text, so that it may be properly classified. Exact amount of OCCURRENCE is very important. See instructions on back of certificate.