

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.

Form T. S. 2-20M-4-13-19

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Buchanan

Vet. Pot. # 8 Registration District No. 7128

Ine. Town Perrod Ky Primary Registration District No.

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

File No.....

Registration No. 28194

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

2 FULL NAME C. J. Hood

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 Single Married <u>Widower</u> Widowed or Divorced (Write the word)	16 DATE OF DEATH <u>Nov 26</u> , 192 <u>0</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>Apr 9</u> , 192 <u>0</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>Nov 12</u> , 192 <u>0</u> , to <u>Nov 23</u> , 192 <u>0</u> , that I last saw him alive on <u>Nov 22</u> , 192 <u>0</u> , and that death occurred on the date stated above at <u>12:20 P.</u> The CAUSE OF DEATH* was as follows: <u>Senility</u>	
7 AGE <u>84</u> yrs..... mos..... ds. IF LESS than 1 day..... hrs. or..... min?			(Duration) yrs..... mos. <u>21</u> ds.	
8 OCCUPATION (a) Trade, profession or particular kind of work..... (b) General nature of industry, business or establishment in which employed (or employer).....			Contributory (Secondary) (Duration) yrs..... mos..... ds.	
9 BIRTHPLACE (State or country) <u>Ky.</u>			(Signed) <u>E. M. Bewley</u> , M. D. <u>Dec 10</u> , 192 <u>0</u> (Address) <u>Perrod Ky</u>	
PARENTS	10 NAME OF FATHER <u>Abner Hood</u>		*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
	11 BIRTHPLACE OF FATHER (State or country) <u>Ky.</u>		18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) at place in the of death..... yrs..... mos..... ds. State..... yrs..... mos..... ds.	
	12 MAIDEN NAME OF MOTHER <u>Rebecca Studebaker</u>		Where was disease contracted, if not at place of death? Former or usual residence	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Ky.</u>		19 PLACE OF BURIAL OR REMOVAL <u>Hood Cemetery</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address).....			DATE OF BURIAL <u>Nov 27, 1920</u>	
15 Filed <u>Dec 14 1920</u> <u>Heinie B. Bewley</u> Registrar			20 UNDERTAKER <u>T. Beckler, Louisville, Ky.</u>	