FORM V S 1-200M 6 20-11

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

3697

1 PLACE OF DEATH

County Muhlenberg File No.

Vot. Pct. Drakesboro Registration District No. 872 Registered No. 6

Inc. Town 45 Primary Registration District No. 2437

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

2 FULL NAME Gayno Wooden, Sr.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: Negro | 5 SINGLE, MARRIED WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH — — (Month) (Day), 1845 (Year)

7 AGE 72 yrs. — mos. — ds. IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country): Christian Co., Ky.

PARENTS

10 NAME OF FATHER: (not known)

11 BIRTHPLACE OF FATHER (State or country): (not known)

12 MAIDEN NAME OF MOTHER: (not known)

13 BIRTHPLACE OF MOTHER (State or country): (not known)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) George Morris
(Address) Drakesboro Ky

15 Filed 3-5, 1917 J. R. Kimmel REGISTRAR

11—3164

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH February 25, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 23, 1917, to Feb 25, 1917, that I last saw him alive on Feb 24, 1917, and that death occurred on the date stated above at 11.20 a.m. The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) yrs. mos. 6 ds.

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

(Signed) H. D. Newman, M. D.
Mar. 3, 1917. (Address) Drakesboro 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: Smith's Cemetery | DATE OF BURIAL: Feb. 26, 1917

20 UNDERTAKER: Ed George | ADDRESS: Greenville, Ky

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

B. 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.