FORM V. S. 1-1936 M-1-10-11.

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Muhlenberg
Vot. Pst. # 3
Inc. Town
City Central City (No. , St. , Ward)

Registration District No. 870
Primary Registration Dist. No. 2435

File No. 5448
Registered No.
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Jacks Meade

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: colored
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widower

6 DATE OF BIRTH: March 4, 1842 (Month) (Day) (Year)

7 AGE: 75 yrs. 11 mos. 14 ds.
If LESS than 1 day ____ hrs. or ____ min.?

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

9 BIRTHPLACE (State or country): Penn

PARENTS
10 NAME OF FATHER: Dont Know
11 BIRTHPLACE OF FATHER (State or country): " "
12 MAIDEN NAME OF MOTHER: " "
13 BIRTHPLACE OF MOTHER (State or country): " "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jim Meade
(Address) Central City Ky

15 Filed July 21, 1918 A. L. Blandford Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb 18, 1918 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 14, 1918, to Feb 18, 1918, that I last saw h[illegible] alive on Feb 18, 1918, and that death occured, on the date stated above, at 8 p.m.

The CAUSE OF DEATH* was as follows:
Syphilitic Gumma of Liver
(Duration) ____ yrs. ____ mos. 3 ds.
Contributory (SECONDARY)
(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) J. L. McDougall, M. D.
2/24, 1918 (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: Pleasant Ridge
DATE OF BURIAL: July 20, 1918

20 UNDERTAKER: James E. Stenger
ADDRESS: Greenville Ky

11—6194