Form V S 1-2000.

1 PLACE OF DEATH

County Muhlenburg

Civ. Dist. Brenner

Sec. Town —

City — (No. ..... St. ..... Ward)

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

Registration District No. 2712

Primary Registration District No. .....

File No. 2401

Registered No. 3-69

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

2 FULL NAME (Unnamed) Wright

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Boy

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Single

6 DATE OF BIRTH: Sept. 19 (Month) (Day) 1916 (Year)

7 AGE: Born dead yrs. mos. 0 ds. — IF LESS than 1 day r. hrs. or 0 min.?

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

9 BIRTHPLACE (State or country): Muhlenburg Co. Ky

PARENTS

10 NAME OF FATHER: Roy M. Wright

11 BIRTHPLACE OF FATHER (State or country): Muhlenburg Co. Ky

12 MAIDEN NAME OF MOTHER: Mary Ford

13 BIRTHPLACE OF MOTHER (State or country): Muhlenburg Co. Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Roy Wright
(Address) Brenner Ky

15 Filed Sept. 21 1916 M. E. Grandy REGISTRAR

11—6504

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Sept 19th, 1916 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 19, 1916, to ....., 191..., that I last saw him alive on ....., 191..., and that death occurred on the date stated above at 6:30 A.M. The CAUSE OF DEATH* was as follows:

Prolonged suffocation from Born dead after labor (Duration) ..... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....

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

(Signed) G. L. Harmon M. D.

Sept 19, 1916 (Address) Ft Carrollton 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: Fish Cemetery — DATE OF BURIAL: Sept 20, 1916

20 UNDERTAKER: J B Tucker — ADDRESS: Brenner

WHITE PLAINLY WITH INDELIBLE INK—THIS IS A PERMANENT RECORD

Cause of Death must be stated for every death, no matter how certain it may be presumed that a physician was not in attendance. Coroner must state cause of death in every case coming under his notice.

CAUSE OF DEATH is very important.