Form V. S. 1-100M-4-10-11.

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

File No. 32307

1 PLACE OF DEATH

County Muhlenberg

Vor. Pct. Court House Registration District No. 871

Registered No. 103

Inc. Town ..... Primary Registration Dist. No. 7130

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

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

2 FULL NAME none (Allen)

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH

3 SEX male

4 COLOR OR RACE white

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write)

6 DATE OF BIRTH ..... Dec (Month)

7 AGE ..... yrs. ..... mos.

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

9 BIRTHPLACE (State or country) Muhlenberg

PARENTS

10 NAME OF FATHER Lewis C

11 BIRTHPLACE OF FATHER (State or country) Smith

12 MAIDEN NAME OF MOTHER Nannie

13 BIRTHPLACE OF MOTHER (State or country) Muhl

14 THE ABOVE IS TRUE TO THE BEST OF M

(Informant) D. M. Cors

(Address) Wis

15

Filed DEC 13 1911 T.

11—8104

Form V. S. 37-10m 11-29-11.

Statement of the Fact of Death

16 Date of death ..... Dec (Month) ..... 13 (Day) ..... 1911 (Year)

17 I HEREBY CERTIFY, That the deceased,

Lewis Allen Servant Buried Wood (Name of deceased) died on

the date stated above at House of Parent M.; that a statement of a physician or health officer could not be obtained; that the CAUSE OF DEATH was said to be as follows:

Buried Wood .....

.....

Duration of illness ..... yrs. ..... mos. ..... ds.

(Signed) D. M. Cors

July 6 (Date) 1912, Wis (Address) Ky

Registration District No. 871 Certificate No. 103

THIS BLANK IS TO BE USED only when a statement by a physician or health officer can not be secured. It should be filled out, signed by a responsible person, attached to the copy of the death certificate, and returned to the State Registrar with the next regular report.

Form V. S. 1-100 M-4-15-M.

1 PLACE OF DEATH

County Muhlenberg

Vot. Pct. Ernest Hand

Inc. Town

City

2 FULL NAME M

PERSONAL AND STATISTICAL

3 SEX	4 COLOR OR RACE	5 [illegible]
Male	white	[illegible]

6 DATE OF BIRTH

Dec (Month)

7 AGE

yrs. mos.

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) Muhlenberg Co. Ky

PARENTS

10 NAME OF FATHER Lewis Allen

11 BIRTHPLACE OF FATHER (State or country) Smith Co. Tenn

12 MAIDEN NAME OF MOTHER Nannie Craig

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) D. M. Brick

(Address) Weir, Ky

15

Filed DEC 13 1911 T. H. Bradley Registrar

11—8186

(Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) , M. D.

, 191 (Address)

*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	DATE OF BURIAL
Friendship B.G.	Dec. 14, 1911

20 UNDERTAKER	ADDRESS
M. B. McDonald	Greenville Ky

WRITE PLAINLY, with INK and in the MANNER and on the LINES indicated. Only one death should be reported on this form. Do not use abbreviations. Use full names. Do not leave blanks. Write "None" if none. Do not use ditto marks. Be sure to answer all questions. Report to the State Registrar of the county in which the death occurs.

U. S.—Every item of information is required by the United States Bureau of Census. Any information furnished will be treated as confidential and used only for statistical purposes. The CAUSE OF DEATH is the most important item. Be sure it is properly described, and that it is in accordance with the rules of nomenclature.