

Form V. S. 1-A-50m-11-1-29

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

File No. _____
Registered No. 3

PLACE OF DEATH
County Cumberland
Vot. Pct. #1
Inc. Town Paradise
City _____

Registration District No. 189
Primary Registration District No. 6823

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

2 FULL NAME King Barnard

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Colored 5. Single, Married, Widowed or Divorced (write the word) Single
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Single
6. DATE OF BIRTH (month, day, and year) 1854
7. AGE Years 78 Months 11 Days 8 If LESS than 1 day ____ hrs. or ____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

OCCUPATION

MOTHER FATHER

12. BIRTHPLACE (city or town) (State or country) Ky.
13. NAME Richard Barnard
14. BIRTHPLACE (city or town) (State or country) Ky.
15. MAIDEN NAME Rachel Young
16. BIRTHPLACE (city or town) (State or country) Ky.
17. INFORMANT (Address) W. G. 93 Barnard
18. BURIAL CREMATION, OR REMOVAL Place Smith Cemetery Date June 24 1932
19. UNDERTAKER (Address) Blake Finch
20. FILED 7-1-, 1932 Martha D. Fr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) June 21, 1932
22. I HEREBY CERTIFY, That I attended deceased from June 18, 1932 to June 21, 1932
I last saw him alive on June 21, 1932, death is said to have occurred on the date stated above, at 3 P. M.
The principal cause of death and related causes of importance in order of onset were as follows:

Lobar Pneumonia Date of onset June 8 1932
Contributory causes of importance not related to principal cause: Delayed resolution in lung 12 days

Name of operation None Date of none
What test confirmed diagnosis? Symptoms only (Were there an autopsy?)
23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Disease
Nature of injury None
24. Was disease or injury in any way related to occupation of deceased? No If so, specify None
(Signed) H. D. Neumann, M.D.
(Address) Drakesboro, Ky.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS and JUDGES 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.