FORM V S 1-500M 2-29-12

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Muhlenberg

Vot. Pct. 11 Registration District No. 7135

Inc. Town Bevier Ky Primary Registration District No. .....

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

File No. .....

Registered No. 38 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Herman Bevel

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

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

6 DATE OF BIRTH: Sept. (Month) 13 (Day), 1914 (Year)

7 AGE: 3 yrs. 10 mos. ..... ds. IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country): Kentucky

PARENTS

10 NAME OF FATHER: Moore Bevel

11 BIRTHPLACE OF FATHER (State or country): Kentucky

12 MAIDEN NAME OF MOTHER: Ola Piper

13 BIRTHPLACE OF MOTHER (State or country): Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Moore Bevel

(Address) Bevier Ky

15 Filed 7-14-, 1918 W. H. Moores REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July (Month) 13 (Day), 1918 (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 6, 1918, to July 13, 1918, that I last saw him alive on July 13, 1918, and that death occurred on the date stated above at 1 P. m. The CAUSE OF DEATH* was as follows:

Malarial fever and Whooping cough.

..... (Duration) ..... yrs. ..... mos. 7 ds.

Contributory (SECONDARY) .....

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

(Signed) C. D. Almon, M. D.

7/13/1918 (Address) Clinton 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: Simons Chef

DATE OF BURIAL: July 14, 1918

20 UNDERTAKER: J. L. Thomas

ADDRESS: Clinton

11—31S4

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. 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.