

1 PLACE OF DEATH

Luhlenberg

County

Vet. Pat.

E. Boggess

Inc. Town

City Greenville

Primary Registration District No. 6832

(No.

St.

Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Pinus Young Boggess

(a) Residence. No. 11, Main Street

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 White	5 Single Married Widowed or Divorced (Write the word)
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5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of6 DATE OF BIRTH June 15, 1854
(Month) (Day) (Year)

7 AGE

7 3 yrs. 9 mos. 16 ds.

IF LESS than 1
day.....hrs
or.....min?

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer and Stockman
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (city or town)
(State or country) Luhlenberg County, Kentucky

PARENTS

10 NAME OF FATHER Rumsey Boggess

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Luhlenberg County

12 MAIDEN NAME OF MOTHER Louisa Jane Middelton

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) St. Clair County, Illinois

14 (Informant) Milton L. Boggess

(Address) Greenville, Kentucky

15

Filed

H/3 78 C. B. Wickliffe,
By M. Wells, Registrar

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

10809

File No.

Registered No.

Registration District No. 1093

6832

St.

Ward)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 11, 1928
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased
from April 5th, 1928, to April 11, 1928,
that I last saw him alive on April 10th, 1928,
and that death occurred on the date stated above at 10:50 P.M.

The CAUSE OF DEATH* was as follows:

Cardiac asthma

Contributory (Secondary) Influenza
(Duration) yrs. mos. 6 ds.

(Duration) yrs. mos. 4 ds.

18 WHERE WAS DISEASE CONTRACTED

If not at place of death?

Did an operation precede death?..... Date of

Was there an autopsy?.....

What test confirmed diagnosis?

(Signed) M. D.

4-12, 1928 (Address) Greenville, Ky.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Pleasant Hill Co. Y.

Near Greenville, Ky.

UNDERTAKER

Orion L. Roark

4/13, 1928 10

ADDRESS

Greenville, Ky.

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.

REPRODUCED FROM ORIGINAL