

COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHFile No. **2209**Registered No. **18**

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

1 PLACE OF DEATH

County **Muhlenberg**Reg. District No. **2211**

Inc. Town..... Primary Registration District No.....

City..... (No. **1**)..... Ward)2 FULL NAME **J. B. Childers**

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OF RACE **White** 5 Single Married Widowed or Divorced (Write the word)6 DATE OF BIRTH..... 1.....
(Month) (Day) (Year)7 AGE **28** yrs. **11** mos. **15** 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).....

PARENTS

10 NAME OF FATHER **John Childers**

11 BIRTHPLACE OF FATHER (State or country).....

12 MAIDEN NAME OF MOTHER **Fluwallen**

13 BIRTHPLACE OF MOTHER (State or country).....

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) **Leonard Childers**(Address) **Beulah Creek Ky**15 Filed **Feb 10**, 1927 **Wood** Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH **1 14 1927**
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from **July 17**, 1927, to **July 17**, 1927, that I last saw him alive on **July 17**, 1927, and that death occurred on the date stated above at..... m.

The CAUSE OF DEATH* was as follows:

Myocardial Infarction(Duration)..... yrs..... mos. **15** ds.
Contributory **Acute pneumonia**
(Secondary)(Signed) **W. H. Foster**, M. D.
1/14/27, 1927 (Address) **19 Beulah**

*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..... In the
of death..... yrs..... mos..... ds. State..... yrs..... mos..... d.
Where was disease contracted,If not at place of death?.....
Former or usual residence.....19 PLACE OF BURIAL OR REMOVAL **Central Cemetery** DATE OF BURIAL **10 19 27**20 UNDERTAKER **H. Elliot Beulah Creek** ADDRESS

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. Examine statement of OCCUPATION is very important. See instructions on back of certificate.

MARKET RESERVED FOR MEDICAL