

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

1 PLACE OF DEATH

County *Barren*

Vol. No. *Roseville*

Ino. Town

City

2 FULL NAME

George W Smith

Registration District No. *5-280-*

Primary Registration District No. *5-280-*

File No. *1908*

Registered No.

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *M* 4 COLOR OR RACE *W* 5 MARRIED, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH *Feb 17 1840*
(Month) (Day) (Year)

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

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

9 BIRTHPLACE (State or country) *Ky.*

10 NAME OF FATHER *Allen Smith*

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

12 MAIDEN NAME OF MOTHER *Don't know*

13 BIRTHPLACE OF MOTHER

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Arthur Smith*

(Address) *Eloids Ky*

15 Filed *8-10 1918* *A. B. Biggers* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Aug 13 1918*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from... 191... to... 191... that I last saw h... alive on... 191... and that death occurred on the date stated above at... m. The CAUSE OF DEATH* was as follows:

Organic Heart disease

Contributory (SECONDARY) (Duration) ... yrs. ... mos. ... ds.

(Signed) *M. F. Biggers*, M. D. *Aug. 13, 1918* (Address) *Wasson 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, TRAVEL AGENTS 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 *Biggers*

19 PLACE OF BURIAL OR REMOVAL *Cavey Fork* DATE OF BURIAL *Aug 16 1918*

20 UNDERTAKER *W. S. Jackson* ADDRESS *Wasson 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.