

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

File No.

Registered No.

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

1 **PLACE OF DEATH**
County: Muhlenberg
Vot. Pot. None
Inc. Town.....
City..... (No..... St.,..... Ward)

Registration District No. 109 J
Primary Registration District No. 6880

2 FULL NAME Patricia H. Campbell

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 Single married
Married
Widowed
or Divorced
(Write the word)

6 DATE OF BIRTH Sept 18 - 1858
(Month) (Day) (Year)

7 AGE 60 yrs 10 mos 19 ds. IF LESS THAN 1 day..... hrs. or..... min?

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

9 BIRTHPLACE (State or country) Lyon County Ky.

10 NAME OF FATHER Milton Campbell

11 BIRTHPLACE OF FATHER (State or country) Va.

12 MAIDEN NAME OF MOTHER Katherine Furley

13 BIRTHPLACE OF MOTHER (State or country) Don't know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L M Campbell
(Address) Greenville Ky

15 File # 877/16 Registrar M B McDonald

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 6, 1926
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from Apr 1, 1926, to Aug 6, 1926, that I last saw him alive on Aug 6, 1926, and that death occurred on the date stated above at 3:00 p.m.

The CAUSE OF DEATH* was as follows:
Pernicious Anemia
(Duration) yrs. 8 mos. ds.

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

(Signed) Gundell Wilson, M. D.
He, 1926 (Address) Greenville 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) In the at place yrs. mos. ds. State yrs. mos. ds.
Where was disease contracted, if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Kuttawa, Ky DATE OF BURIAL Aug 7, 1926

20 UNDERTAKER M B McDonald ADDRESS Greenville

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated in plain terms. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.

MARGEN RESERVED FOR RECORDS

N. B.—Every item of information should be carefully supplied. AGE should be stated in plain terms. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. See instructions on back of certificate.