

12054

Form V. S. 1-125m-6-19-19

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

File No. ....

Registered No. 23

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

## 1 PLACE OF DEATH

County Franklin

Vot. Prec. ....

Registration District No. 1087Inc. Town Central CityPrimary Registration District No. 2/35

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

2 FULL NAME Robert Young Capps

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single  Married  Widowed  Divorced  (Write the word)6 DATE OF BIRTH September 25, 1923  
(Month) (Day) (Year)7 AGE 39 yrs. 5 mos. 21 ds.  
IF LESS than 1 day ..... hrs. or ..... min?8 OCCUPATION  
(a) Trade, profession or particular kind of work Miner  
(b) General nature of industry, business or establishment in which employed (or employer) .....9 BIRTHPLACE (State or country) Ky10 NAME OF FATHER Milton Capps11 BIRTHPLACE OF FATHER (State or country) Ky12 MAIDEN NAME OF MOTHER Himpy Brown13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs R Y Capps  
(Address) Central city15 Filed 4/17, 1923 A L Standard  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 18, 1923  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Mar 14, 1923 to Mar 18, 1923  
that I last saw him alive on Mar 17, 1923

and that death occurred on the date stated above at ..... m.

The CAUSE OF DEATH\* was as follows:

Labor PneumoniaDuration 8 yrs. 8 mos. 8 ds.  
Contributory (Secondary) Influenza(Signed) Clarence Woodburn, M. D.  
(Address) Central City 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 ..... in the  
of death ..... yrs. .... mos. .... ds. State ..... yrs. .... mos. .... d.  
Where was disease contracted, .....

If not at place of death? .....

19 PLACE OF BURIAL OR REMOVAL Cherry Hill DATE OF BURIAL March 18, 192320 UNDERTAKER More and. Co. ADDRESS Central City Ky

MARGIN RESERVED FOR INDEXING

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.