

1 PLACE OF DEATH

COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. **33036**

Registered No.

County Muhlenberg Registration District No. 1073Ino. Town..... Primary Registration District No. 6833City..... (No..... St.,..... Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME J. D. Knight(a) Residence. No..... 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 Single Married
Widowed widowed
or Divorced
(Write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of6 DATE OF BIRTH Jan 19 1849
(Month) (Day) (Year)7 AGE 80 yrs. 11 mos. ds. IF LESS than 1
day..... hrs
or..... min?

8 OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of work. Farmer(b) General nature of industry,
business or establishment in
which employed (or employer).....9 BIRTHPLACE (city or town)
(State or country) Christion Co. Ky10 NAME OF FATHER Farley Knight11 BIRTHPLACE
OF FATHER (city or town)
(State or country) Muhlenberg Ky12 MAIDEN NAME
OF MOTHER Mary Keith13 BIRTHPLACE
OF MOTHER (city or town)
(State or country) Christion Co Ky14 (Informant) Arthur Linn(Address) White Plains Ky15 Filed 12/20, 1929

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec. 19 1929
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased
from Sept 10, 1929, to Sept 10, 1929,
that I last saw him alive on Sept 10, 1929,
and that death occurred on the date stated above at 5 A.M.
The CAUSE OF DEATH* was as follows:Chronic Nephritis

(Duration)..... yrs..... mos..... ds.

Contributory (Secondary).....

(Duration)..... yrs..... mos..... 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) H. S. Coughlin, M. D.Wichita, 1924 (Address) Greenville Ky*State the Disease Causing Death, or, in deaths from Violent
Causes, state the Means and nature of Injury; and (2) whether
Accidental, Suicidal or Homicidal. (See reverse side for addi-
tional space.)

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Peace B.S. Dec. 20, 1929

20 UNDERTAKER ADDRESS

MB McDonald 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.