FORM V S 1-500M. 6-20-11

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

P

1 PLACE OF DEATH

County Muhlenberg

Vot. Pct. Bevier Ky Registration District No. 735

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

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

File No. 16967

Registered No. 128

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

2 FULL NAME (Stillborn) Masters

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

6 DATE OF BIRTH May 1, 1919 (Month) (Day) (Year)

7 AGE ..... yrs. ..... mos. ..... 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) Elk Valley Drakesboro Ky

PARENTS

10 NAME OF FATHER Geo Cash Masters

11 BIRTHPLACE OF FATHER (State or country) Mt Vernon Ky

12 MAIDEN NAME OF MOTHER Lady Holmes

13 BIRTHPLACE OF MOTHER (State or country) Booneville Ind

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Geo Cash Masters

(Address) Drakesboro Ky

15

Filed May 1, 1919 W H Moore REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Stillborn) May 1, 1919 (Month) (Day) (Year)

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

Result of a fall the mother got two wks previous

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

Contributory (SECONDARY) .....

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

(Signed) H D Newman, M. D

May 1, 1919 (Address) Drakesboro 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 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 .....

19 PLACE OF BURIAL OR REMOVAL J Drakesboro Ky

DATE OF BURIAL May 1, 1919

20 UNDERTAKER I. P. Skipworth

ADDRESS Drakesboro Ky.

STILLBIRTH

11—3184

MARGIN RESERVED FOR BINDING

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.