

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

PLACE OF DEATH
County Walter Henry
Vol. No. Buck Creek
In. Town A 22
City _____ (No. _____) (St. _____) Ward _____

File No. 24015
Registered No. 29
(If death occurred in a hospital or institution give its name and location of street and number.)

FULL NAME Bergman Franklin Mathis

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE white SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)

DATE OF BIRTH June 18 1860
(Month) (Day) (Year)

AGE 56 yrs. 0 mos. 00 ds. If LESS than 1 day... hrs. or... min.?

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

BIRTHPLACE (State or country) Walter Henry Co., Ky

10 NAME OF FATHER Berg Mathis

11 BIRTHPLACE OF FATHER (State or country) Walter Henry Co., Ky

12 MAIDEN NAME OF MOTHER Fanny Cordine Allen

13 BIRTHPLACE OF MOTHER (State or country) Walter Henry Co., Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. S. Mathis
(Address) Greenville, Ky

15 Dated 9/22, 1916 J. H. Kimmel
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH Sept 20, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 3 am to today after death that I last saw him alive on _____, 1916, and that death occurred, on the date stated above, at 7 pm. The CAUSE OF DEATH was as follows:

Heart attack, fell dead

(Duration) _____ yrs. _____ mos. _____ ds.
Contributory Coronary disease for
(Specify) some years (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) T. J. Stator, M. D.
Sept 20, 1916 (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
(15) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) In the State _____ yrs. _____ mos. _____ ds.
At place of death _____ 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 Benevolence DATE OF BURIAL Sept 21, 1916
20 UNDERTAKER L. H. Stearns ADDRESS Buck Creek, Ky

MARGIN RESERVED FOR ENDORS

WRITE PLAINLY WITH BALLPOINT PEN—THIS IS A PUNISHABLE OFFENSE

S. S.—Every item of information should be carefully verified. AGE should be stated EXACTLY. FERTILIZERS should state QUANTITY OF INERTS in plain figures, so that it may be properly checked. Exact statement of OCCUPATION is very important. See instructions on back of certificate.