Form V. S. (1909)

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 2510

1 PLACE OF DEATH
County Muhlenberg
Civil Dist. No. 2
Reg. Dist. No. 712
Registration District No.
Prim. Reg. Dist. No.
Registered No.
Inc. Town Brownsville
City (No. St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Samuel C. Nofsinger

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: Dec 26 (Month) (Day) 1837 (Year)
7 AGE: 5 yrs. 11 mos. da. IF LESS than 1 day ... hrs. or ... min.?
8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):
9 BIRTHPLACE (State or country): Muhlenberg Co Ky

PARENTS
10 NAME OF FATHER: S.C. Nofsinger
11 BIRTHPLACE OF FATHER (State or country): Muhlenberg Co Ky
12 MAIDEN NAME OF MOTHER: Nardie M Brown
13 BIRTHPLACE OF MOTHER (State or country): Muhlenberg Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) C.O. Nofsinger
(Address) Midland Ky

15 Filed Jan 3, 1918 M.C. Grundy Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Jan 1 (Month) (Day) 1918 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 7-6, 1917, to Dec 30, 1917, that I last saw him alive on Dec 30, 1917, and that death occurred on the date stated above at 10 a.m. The CAUSE OF DEATH* was as follows:

Paralysis
(Duration) yrs. mos. da.
Contributory (Secondary) Senile Paralysis
(Duration) yrs. mos. da.

(Signed) J. C. Edwards Brown, M. D.
Jan 4, 1918. (Address) Midland 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. ... da. In the State ... yrs. ... mos. ... da.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Cedar Grove
DATE OF BURIAL: Jan 1, 1918
20 UNDERTAKER: J. P. Fuchs
ADDRESS: Brownsville

11—3304

BE SURE YOU ANSWER EVERY QUESTION. PENMANSHIP SHOULD BE PERFECTLY LEGIBLE. WRITE WITH PEN AND INK. USE BLACK INK. DO NOT USE LEAD PENCIL. WRITE PLAINLY. DO NOT ABBREVIATE. DO NOT USE FIGURES EXCEPT IN DATES AND AGE. DO NOT USE ANY MARKS OR DITTO MARKS. IF NONE, SAY NONE. IF UNKNOWN, SAY UNKNOWN. IF NOT KNOWN EXACTLY, GIVE APPROXIMATE DATE. IF NOT A PHYSICIAN, GIVE NAME OF PERSON WHO CERTIFIES TO DEATH. IF NOT A PHYSICIAN, GIVE NAME OF PERSON WHO CERTIFIES TO DEATH.

CAUTION: It is unlawful to bury or remove a dead body without a permit from the Local Registrar or Deputy Registrar of the district in which death occurred. Before issuing permit, Registrar must have this certificate filled out and signed by the physician, if there was one in attendance, or by the coroner, if there was no physician, or by the undertaker, if there was neither physician nor coroner.