

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County MUhlenbergVol. No. #5Ins. Town DRAKESBORO KY.

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

Registration District No. 2125

Primary Registration Dist. No. _____

File No. 15768Registered No. 14

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

2 FULL NAME Not named (Twin #1) Lived only one half hour

PERSONAL AND STATISTICAL PARTICULARS

3 SEX MALE 4 COLOR OR RACE WHITE 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) SINGLE6 DATE OF BIRTH JUNE 24, 1912
(Month) (Day) (Year)7 AGE *** yrs. *** mos. *** ds. If LESS than 1 day, hrs. or 30 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) DRAKESBORO KY

PARENTS	10 NAME OF FATHER <u>JOHN RABY</u>
	11 BIRTHPLACE OF FATHER (State or country) <u>BOONEVILLE IND</u>
	12 MAIDEN NAME OF MOTHER <u>JENNIE SWAYHEART</u>
	13 BIRTHPLACE OF MOTHER (State or country) <u>HANCOCK CO. W. (KY)</u>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) JOHN RABY(Address) DRAKESBORO KY15 June 25, 1912 J. P. Kinnaman
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH JUNE 24, 1912
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from JUNE 24, 1912, to JUNE 24, 1912, that I last saw him alive on JUNE 24, 1912, and that death occurred, on the date stated above, at 6:30 P. M.

The CAUSE OF DEATH* was as follows:

PREMATURE BIRTH
(Fifth month)(Duration) _____ yrs. _____ mos. _____ ds.Contributory (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.(Signed) J. P. Kinnaman, M. D.
JUNE 24, 1912 (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 Roadside in one yard
HIGHWAY DATE OF BURIAL JUNE 25, 191220 UNDERTAKER HARRY REVLETT ADDRESS DRAKESBORO KY

WRITE PLAINLY, WITH CAPITALS WHERE-TOO IS A PRECEDENT. DO NOT WRITE IN MARGINS.

2. Every item of information should be correctly supplied. AGE should be stated in FULLY. 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.