Form V. S. 1-100 M-1-10-11.

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 15769

1 PLACE OF DEATH
County MUHLENBERG
Reg. Dist. No. 713
Reg. Pct. 45
Primary Registration Dist. No.
Registered No. 45
Ins. Town DRAKESBORO KY
City (No. , St., Ward)
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Not named ** lived only one half hour. (Twin #2)

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: JUNE (Month) 24 (Day), 1912 (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: JOHN RABY
11 BIRTHPLACE OF FATHER (State or country): BOONEVILLE IND
12 MAIDEN NAME OF MOTHER: JENNIE SWAYHEART
13 BIRTHPLACE OF MOTHER (State or country): HANCOCK CO KY

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) JOHN RABY
(Address) DRAKESBORO KY

15 Filed 6-25, 1912 J. R. Kincannon Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: JUNE (Month) 24 (Day), 1912 (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 occured, on the date stated above, at 6:40 P M

The CAUSE OF DEATH* was as follows:

PREMATURE BIRTH (Fifth month)

(Duration) yrs. mos. ds.

Contributory (Secondary) (Duration) yrs. mos. ds.

(Signed) W. D. Nessman, 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: Round Spring Ground HIGHWAY — DATE OF BURIAL: JUNE 25, 1912
20 UNDERTAKER: HARRY REVLETT — ADDRESS: DRAKESBORO KY

11—6106

WHITE FAMILY, WITH WHOM NEG—THIS IS A PRIVILEGED COMMUNICATION.
18—Every item of information should be carefully supplied. AGE should be given in YEARS. PHYSICIANS should write CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact amount of occupation is very important. See instructions on back of certificate.