

Commonwealth of Kentucky  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

PLACE OF DEATH

*Wamplerburg*  
*Madison*  
County.....  
Vol. Form..... Registration District No. ....

Registration District No. ....

File No. ....

Reg. No. **2403521**

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

(Inc. Town)..... Primary Registration District No. ....

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

FULL NAME *Matthew B. Randolph*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16 DATE OF DEATH *Sept 7 1916*  
(Month) (Day) (Year)

17 DATE OF BIRTH *Sept 7 1867*  
(Month) (Day) (Year)

17 HEREBY CERTIFY, That I attended deceased from *Sept 7, 1916* to....., 191....., that I last saw h..... alive on....., 191....., and that death occurred on the date stated above at *9:00* a.m. The CAUSE OF DEATH\* was as follows:

7 AGE *49* yrs..... mos..... ds. IF LESS than 1 day... hrs. or... min.?

*Spinal Meningitis*  
..... (Duration)..... yrs..... mos. *4*..... ds.

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

Contributory (SECONDARY)..... (Duration)..... yrs..... mos..... ds. (Signed) *B. G. Orgabrite* M. D. *Sept. 12 1916* (Address) *Depoy, Ky.*

9 BIRTHPLACE (State or country) *Kentucky*

10 NAME OF FATHER *Jessie Randolph*

11 BIRTHPLACE OF FATHER (State or country) *Kentucky*

12 MAIDEN NAME OF MOTHER *Francis Oglesby*

13 BIRTHPLACE OF MOTHER (State or country) *Kentucky*

\*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)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

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.....

(Informant) *Jessie Randolph* (Address) *Graham 19*

19 PLACE OF BURIAL OR REMOVAL *Wmty* DATE OF BURIAL *Sept 8, 1916*

15 Filed *9/17* 1916 *J. L. Keener* Registrar

20 UNDERTAKER *B. G. Orgabrite* ADDRESS *White Plains Ky*

MARKS EMPLOYED FOR INDEXING

WRITE PLAINLY WITH UNFADING INK--THIS IS A SEARCHABLE COPY. Every item of information should be correctly supplied. All abbreviations should be clearly explained. State the CAUSE OF DEATH in plain terms, so that it may be properly indexed. List statement of OCCUPATIONS very important. See instructions on back of certificate.