

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

File No. **24025**
Registered No.

1 PLACE OF DEATH

County Muhlenberg

Vet. Pot. A. C. House

Ino. Town

City

Registration District No. 971

Primary Registration District No. 1731

(No. St., Ward)

2 FULL NAME Floyd Page Rice

(If death occurred in a hospital or institution, give its name instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED single
(Write the word)

6 DATE OF BIRTH Apr 5, 1915
(Month) (Day) (Year)

7 AGE 1 yr., 5 mos., 21 ds. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Muhlenberg Co., Ky

10 NAME OF FATHER Wm. Rice

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

12 MAIDEN NAME OF MOTHER Lillie Page

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) E. T. Jones (Address) Greenville, Route 3

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 26, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from one week only 25 Sept 1916 or 11 1/2 to 2 weeks that I last saw him alive on, 191... and that death occurred on the date stated above at 5 P.M. The CAUSE OF DEATH was as follows: Cerebral meningitis

(Duration).... yrs.... mos. 1 1/2 ds.

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

(Signed) J. J. Blanton, M. D. Sept 21, 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

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death.... yrs.... mos.... ds. State.... 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 King B.C. DATE OF BURIAL Sept. 27, 1916

20 UNDERTAKER McDonald & With ADDRESS Greenville, Ky

15 Filed 9/28, 1916 C. P. Mearns Registrar

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
 B. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. 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.
 MARGER RESERVED FOR INDEXING