

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

2427

1 PLACE OF DEATH

County MadisonVol. Pct. Ennis

Inn. Town

City

Registration District No. 1097Primary Registration District No. 2866

File No. _____

Registered No. 1

(No. _____ St. _____ Ward _____)

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

2 FULL NAME Nolan Robinson

(a) Residence. No. _____ St. _____ Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE Colored 5 Single Married Widowed or Divorced Single
(Write the word)5a If married, widowed, or divorced
HUSBAND of Not Married
(or) WIFE of _____6 DATE OF BIRTH _____
(Month) (Day) (Year)7 AGE 24 yrs. 11 mos. 6 ds. IF LESS than 1 day _____ hrs. or _____ min?

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Farmer

(b) General nature of industry, business or establishment in which employed (or employer) _____

9 BIRTHPLACE (city or town) Ky.
(State or country)10 NAME OF FATHER William Robinson11 BIRTHPLACE OF FATHER (city or town) Ky.
(State or country)12 M maiden NAME OF MOTHER Vivian Foster13 BIRTHPLACE OF MOTHER (city or town) Ky.
(State or country)14 (Informant) William Robinson
(Address) Rochester Ky.15 Filed 1-28, 1935 by L. Fleming
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan. 26, 1935
(Month) (Day) (Year)17 I HEREBY CERTIFY that I attended deceased from Jan 15, 1935, to Jan 26, 1935, that I last saw him alive on Jan 20, 1935, and that death occurred on the date stated above at _____ m.

The CAUSE OF DEATH* was as follows:

Robt Pneumonia

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory (Secondary) _____

(Duration) _____ yrs. _____ mos. _____ ds.

18 WHERE WAS DISEASE CONTRACTED

If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Henry Smith, M. D.1-27, 1935 (Address) Rochester Ky.

*State the Disease Causing Death, or, in deaths from violent causes, state (1) Means and nature of injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Stony Brook, 193520 UNDERTAKER Blake Finch Drake
ADDRESS _____WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. 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.

MAKING ENTRIES FOR INDEXING