

## Commonwealth of Kentucky

STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County *Muhlenberg*Vet. Pot. *8*Registration District No. *7125*Ino. Town *Penrod*

Primary Registration District No. ....

City .....

(No. ....)

St., .....

Ward) .....

2 FULL NAME *Richard Roberson*File No. .... *5470*

Registered No. ....

[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 *married*  
(Write the word)6 DATE OF BIRTH *March 28, 1888*  
(Month) (Day) (Year)7 AGE *79* yrs. *11* mos. *5* ds. IF LESS than 1 day ... hrs. or ... min.?8 OCCUPATION  
(a) Trade, profession, or particular kind of work *Farmer*  
(b) General nature of industry business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) *Kentucky*

PARENTS

10 NAME OF FATHER *Alfred Roberson*11 BIRTHPLACE OF FATHER (State or country) *Ky*12 MAIDEN NAME OF MOTHER *Pertie Tucker*13 BIRTHPLACE OF MOTHER (State or country) *Ky*14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) *M. C. Goddard*(Address) *Penrod Ky*15 Filed *2-26, 1918* *Haller B. Bewley*  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Feb 25, 1918*  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from *Feb 23*, 1918, to *Feb 25*, 1918, that I last saw him alive on *Feb 25*, 1918, and that death occurred on the date stated above at *6 P.m.* The CAUSE OF DEATH\* was as follows:  
*apoplexy*..... (Duration) ... yrs. .... mos. *3* ds.

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

(Signed) *E. M. Bewley*, M. D.  
*2-26*, 1918. (Address) *Penrod 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 *Hager Creek* DATE OF BURIAL *2-26, 1918*20 UNDERTAKER *Dallas Pector* ADDRESS *Dummar*

WRITE PLAINLY WITH 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.