

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

1 PLACE OF DEATH

County Mullenburg
 Vet. Pot. Cash, Rogers Registration District No. 871

 Inc. Town Gerrville Primary Registration District No. 2436

 City Gerrville (No.) St. Ward
File No. 24900Registered No. 76

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

2 FULL NAME A. J. Robinson

PERSONAL AND STATISTICAL PARTICULARS

 3 SEX male 4 COLOR OR RACE negro 5 SINGLE MARRIED, WIDOWED OR DIVORCED (Write the word) Single

 6 DATE OF BIRTH Feb 15 1850 (Month) (Day) (Year)

 7 AGE 74 yrs 10 mos 8 ds IF LESS than 1 day... hrs. or... min.

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

 9 BIRTHPLACE (State or country) Mullenburg

 10 NAME OF FATHER Abney Robinson

 11 BIRTHPLACE OF FATHER (State or country) unknown

 12 MARRIED NAME OF MOTHER unknown

 13 BIRTHPLACE OF MOTHER (State or country) unknown

 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) James Lerner

 (Address) Gerrville Ky

 15 Filed Oct 1, 1914 W. H. Franklin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

 16 DATE OF DEATH Oct 30 1914 (Month) (Day) (Year)

 17 I HEREBY CERTIFY, That I attended deceased from Sept 15, 1914, to Oct 30, 1914, that I have seen him improve on Sept 30, 1914, and that death occurred on the date stated above at . The CAUSE OF DEATH* was as follows:
Paralysis(Duration) yrs. mos. ds.
 Contributory Paralysis (Secondary) (Duration) yrs. mos. 15 ds.

 (Signed) A. Cornelius, M. D. Oct 1, 1914 (Address) Gerrville

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE CAUSED BY (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 West Old Cemetery DATE OF BURIAL Oct 1, 1914

 20 UNDERTAKER James B. George ADDRESS Gerrville

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

H. B.--Every item of information should be carefully checked. 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.

MARGIN RESERVED FOR MEMORANDUM