

2040

NEVER REWRITED FOR BIRTH

WRITE PLAINLY WITH INK

Every item of information should state CAUSE OF DEATH in plain terms, so that it may be readily classified. Physicians' CAPTION is very important. See instructions on back of certificate.

PLACE OF DEATH

County Mullenberg

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

Vol. No. 2211 Registration District No. 997 7136

File No. 16059

Inc. Town 2211 Primary Registration District No. ....

Registered No. ....

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

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

FULL NAME Libvester Robinson

PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE negro SINGLE, MARRIED, WIDOWED, OR DIVORCED married

DATE OF BIRTH 0 2 1886  
(Month) (Day) (Year)

AGE 79 yrs. 0 mos. 0 ds. IF LESS than 1 day ... hrs. or ... min.?

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

BIRTHPLACE (State of country) Mullenberg

10 NAME OF FATHER Lewis Anthony

11 BIRTHPLACE OF FATHER (State of country) unknown

12 MAIDEN NAME OF MOTHER Nance Anthony

13 BIRTHPLACE OF MOTHER (State of country) unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Julia Robinson

(Address) 2 Mercer St.

15 FILED IN REGISTRATION

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 22 1915  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 28, 1915, to May 6, 1915, that I last saw him alive on March 28, 1915, and that death occurred on the date stated above at P.M. The CAUSE OF DEATH was as follows:

Influenza (13)

(Duration) ... yrs. ... mos. 21 ds. Contributory (SECONDARY) (Duration) ... yrs. ... mos. 21 ds.

(Signed) T. B. Slaton, M. D. Apr. 22, 1915 (Address) Greenville Ky

(1) State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) KIND 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 West End Cemetery DATE OF BURIAL April 23, 1915

20 UNDERTAKER James E. George ADDRESS Greenville Ky