MARGIN RESERVED FOR BINDING

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. Blank statement of OCCUPATION is very important. See instructions on back of certificate.

FORM V S 1-1926 2-29-12

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 27599

Registered No. 89

1 PLACE OF DEATH

County Muhlenberg

Vet. Pct. Hillside

Reg. District No. 7136

Inc. Town

Primary Registration District No.

City (No. 7 36 St., Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Thomas Earle Rock

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH: Oct 2, 1914 (Month) (Day) (Year)

7 AGE: yrs. mos. 20 ds. — IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: None
(b) General nature of industry business or establishment in which employed (or employer):

9 BIRTHPLACE (State or country): Herron, Ills.

PARENTS

10 NAME OF FATHER: Henry Rock

11 BIRTHPLACE OF FATHER (State or country): Ohio Co. Ky

12 MAIDEN NAME OF MOTHER: Lena Hawks

13 BIRTHPLACE OF MOTHER (State or country): Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W. M. Rock
(Address) Hillside Ky

15 Filed 10/22, 191 [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct 22, 1914 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from ..., 191..., to ..., 191..., that I last saw h... alive on ..., 191..., and that death occurred on the date stated above at ...m. The CAUSE OF DEATH* was as follows:

Mal nutrition — mother died at birth of child.

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

Contributory (SECONDARY) Mother a consumptive

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

(Signed) No doctor attended child

..., 191... (Address) ...

*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	DATE OF BURIAL
Evans Graveyard	10/23, 191[illegible]
20 UNDERTAKER: Oren L. Roark	ADDRESS: Greenville, Ky.

11—5184