

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

PLACE OF DEATH
County Muhlenberg

Vet. Pot. #5 Registration District No. 872

Ino. Town Drakesboro Ky Primary Registration District No. 7125

City (No. St., Ward)

FULL NAME Joe Rust

File No. 13824

Registered No.

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

PERSONAL AND STATISTICAL PARTICULARS

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

DATE OF BIRTH February 13, 1856
(Month) (Day) (Year)

AGE 60 yrs. 2 mos. 28 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)

BIRTHPLACE (State or country) Ky.

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country) Ky.

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) T. B. Winn
(Address) Drakesboro Ky

15 Filed 6/11, 1916 J. B. Kinman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 10, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 1, 1916, to May 10, 1916, that I last saw him alive on May 8, 1916, and that death occurred on the date stated above at 9 P.M. The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(Duration) 2 yrs. - mos. - ds.

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

(Signed) H. D. Newman M. D.
May 11, 1916 (Address) Drakesboro Ky

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MANNER OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR REGENT 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 Drakesboro Ky DATE OF BURIAL 5/11, 1916

20 UNDERTAKER J. B. House & Co. ADDRESS Drakesboro, Ky.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain language, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.