

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

PLACE OF DEATH
County Muhlenberg
City Bevier (No. 13 St., 130 Ward)
Vol. No. Elvasee Registration District No. 21352
Ino. Town Elvasee Primary Registration District No.
City Bevier (No. 13 St., 130 Ward)
x 2 FULL NAME Robert William Stevens

File No. 10008
Registered No. 130

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

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Male
2 COLOR OR RACE White
3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single
6 DATE OF BIRTH Dec 31, 1917
(Month) (Day) (Year)
7 AGE 1 yr. 4 mos. 28 ds.
IF LESS than 1 day... hrs. or... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work. at home
(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Drakesboro, Ky
10 NAME OF FATHER Everitt Stevens
11 BIRTHPLACE OF FATHER (State or country) Caldwell, Ky
12 MAIDEN NAME OF MOTHER Ovie Epley
13 BIRTHPLACE OF MOTHER (State or country) Southern Eastern

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. T. Miller
(Address) Bevier, Ky

15 Filed May 29, 1919 W. A. Moore
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 29, 1919
(Month) (Day) (Year)
17 I HEREBY CERTIFY That I attended deceased from May 28, 1919, to May 29, 1919, that I last saw him alive on May 29, 1919, and that death occurred on the date stated above at 4 p m. The CAUSE OF DEATH* was as follows:
Enteritis
(Duration) 6 yrs. 0 mos. 0 ds.
Contributory (SECONDARY)
(Duration) yrs. mos. ds.
(Signed) H. D. Neuman M. D.
May 29, 1919 (Address) Drakesboro, 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, TRANSPORTS 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 Madison Springs, Ky DATE OF BURIAL May 30, 1919
20 UNDERTAKER J. P. Skyrwash ADDRESS

MARGIN RESERVED FOR ENDORS

WRITE PLAINLY, WITH UNFADING 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.