

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHFile No. **18666**Registered No. **90**PLACE OF DEATH
County **Muhlenberg**
Vol. **14**
Inc. Town
CityRegistration District No. **1086**Primary Registration District No. **6815**(No. **1086** St. **1086** Ward)

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

2 FULL NAME **Adam Stobaugh**

PERSONAL AND STATISTICAL PARTICULARS

3 SEX
4 COLOR OR RACE **White**
5 Single **Married**
Married
Widowed
or Divorced
(Write the word)6 DATE OF BIRTH **Oct. 24 - 1884**
(Month) (Day) (Year)7 AGE **41** yrs. **8** mos. **14** ds.
IF LESS than 1 day _____ hrs. or _____ min?8 OCCUPATION
(a) Trade, profession or particular kind of work **miner**
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) **Mo**

PARENTS

10 NAME OF FATHER **William Stobaugh**11 BIRTHPLACE OF FATHER (State or country) **Mo**12 MAIDEN NAME OF MOTHER **Rebecca Wilbur**13 BIRTHPLACE OF MOTHER (State or country) **Mo**

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) **J. B. Tucker**
(Address) **Bremen Mo**15 Filed **Aug 1 - 1926** **C. P. Robertson**
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH **July 10, 1926**
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from **July 1, 1926**, to **July 8, 1926**, that I last saw him live on **July 7, 1926**, and that death occurred on the date stated above at **6:30** a.m.The CAUSE OF DEATH* was as follows:
Chronic Nephritis
(Duration) **6** yrs. **6** mos. **6** ds.Contributory (Secondary)
(Duration) **6** yrs. **6** mos. **6** ds.(Signed) **Dr. P. Chatter**, M. D.
July 10, 1926 (Address) **Central City Mo**

*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 **Central City Mo** In the death **6** yrs. **6** mos. **6** ds. State **Mo** yrs. **6** mos. **6** ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Cedar Grove **July 17, 1926**

20 UNDERTAKER ADDRESS

J. B. Tucker **Bremen Mo**

WRITE PLAINLY. INK UNFADING INK—THIS IS A PERMANENT RECORD. 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.