

1 PLACE OF DEATH

County Muhlenberg  
 Vol. Pat. Central City  
 Inc. Town yes  
 City Central City (No. Greenville Road St.; Ward)



File No. \_\_\_\_\_

Registered No. 35

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

2 FULL NAME

Joseph Henry Stobaugh

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE  MARRIED  WIDOWED  OR DIVORCED (If no the word)

6 DATE OF BIRTH January 15, 1886  
 (Month) (Day) (Year)

7 AGE 34 yrs. 8 mos. 19 ds. If LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Coal miner  
 (b) General nature of industry, business, or establishment in which employed (or employer) Interrim Coal mine

9 BIRTHPLACE (State or country) Muhlenberg County

PARENTS

10 NAME OF FATHER John Stobaugh

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg

12 MAIDEN NAME OF MOTHER Lavin O'Leary

13 BIRTHPLACE OF MOTHER (State or country) Spencer County

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. W. Stobaugh  
 (Address) Central City

15 Filed 11/15/1920 A. L. Blanks REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 4, 1920  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 28, 1920, to Oct 3, 1920, that I last saw him alive on Oct 3, 1920, and that death occurred, on the date stated above, at 24 m. The CAUSE OF DEATH\* was as follows:

Acute Cardiac dilatation

(Duration) yrs. mos. ds.  
 Contributory Pulmonary T. B.  
 (SECONDARY) (Duration) 1 yrs. 10 mos. ds.

(Signed) Dr. Smith, M. D.  
Oct 6, 1920 (Address) Greenville 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, 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 Jagoe DATE OF BURIAL 10/5/1920

20 UNDERTAKER Ma. Lee Moore ADDRESS Central City, Ky.

MARGIN RESERVED FOR BINDING

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.