

Commonwealth of Kentucky  
STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH1 PLACE OF DEATH  
County Muhlenberg  
Vol. Pat. South Carrollton  
Inc. Town \_\_\_\_\_  
City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)File No. 26794  
Registered No. 80

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

2 FULL NAME Joseph Walton Stobough

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (If write the word) Infant.  
6 DATE OF BIRTH Oct. 15, 1914  
(Month) (Day) (Year)  
7 AGE \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. If LESS than 1 day - 7 hrs. or - min.?8 OCCUPATION  
(a) Trade, profession, or particular kind of work Infant.  
(b) General nature of industry, business, or establishment in which employed (or employer) \_\_\_\_\_9 BIRTHPLACE (State or country) MuhlenbergPARENTS  
10 NAME OF FATHER Joseph H. Stobough  
11 BIRTHPLACE OF FATHER (State or country) Muhlenberg  
12 MAIDEN NAME OF MOTHER Ieda Meddards  
13 BIRTHPLACE OF MOTHER (State or country) Davissboro Ky14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Joseph H. Stobough  
(Address) Central City Ky.15 Filed Oct. 15, 1914 A. Haeber  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH October 15, 1914  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Oct 15, 1914, to Oct 15, 1914, that I last saw him alive on Oct 15, 1914, and that death occurred, on the date stated above, at 7 A. m.The CAUSE OF DEATH\* was as follows:  
Improper development  
& at birth(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Contributory Mother weakened by  
Phthisis (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) J. P. Walton M. D.  
Oct 15, 1914 (Address) Central City

\*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 \_\_\_\_\_, 191\_\_

20 UNDERTAKER \_\_\_\_\_ ADDRESS \_\_\_\_\_