

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

1 PLACE OF DEATH

County *Muhlenburg*Vol. Fol. *2740*

Inc. Town.....

City.....

Registration District No. *2140*

Primary Registration District No.

(No. *Albion*)File No. *29673*Registered No. *29*

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

2 FULL NAME *Stall Barn, Sturall Gray*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *male* 4 COLOR OR RACE *white* 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) *Single*6 DATE OF BIRTH *November 2, 1914*
(Month) (Day) (Year)

7 AGE yrs. mos. ds. IF LESS than 1 day 5 hrs. or min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work. *house*
(b) General nature of industry business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) *Graham Ky*

PARENTS	10 NAME OF FATHER <i>Alvey Sturall</i>
	11 BIRTHPLACE OF FATHER (State or country) <i>Muhlenburg</i>
	12 MAIDEN NAME OF MOTHER <i>Essie Hunter</i>
	13 BIRTHPLACE OF MOTHER (State or country) <i>Webster Co</i>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *A. C. Sturall*
(Address) *Graham*15 Filed *11/21*, 191*4* *J. Keener*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *November 21, 1914*
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from *Nov. 21, 1914*, to *Nov. 21, 1914*, that I last saw him alive on *Nov. 21, 1914*, and that death occurred on the date stated above at *8 A.M.* The CAUSE OF DEATH* was as follows:*5 to 6 month baby
healed pneumonia*
(Duration) yrs. mos. ds.Contributory (SECONDARY) (Duration) yrs. mos. ds.
(Signed) *Chas. R. Bennett*, M. D.
....., 191... (Address) *Graham 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. State yrs. mos. ds.
Where was disease contracted, if not at place of death?
Former or usual residence19 PLACE OF BURIAL OR REMOVAL *Gearsons Chapel* DATE OF BURIAL *11/21, 1914*
20 UNDERTAKER *J. Craft* ADDRESS *Graham Ky*

WRITE PLAIN IN 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.