

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS

26167

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

Registered No. 109

## 1. PLACE OF DEATH

County Mitchell

Vet. Pot. \_\_\_\_\_

Registration District No. 1087Ino. Town Central City KyPrimary Registration District No. 2435

City \_\_\_\_\_

(No. \_\_\_\_\_ St., \_\_\_\_\_ Ward)

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

2. FULL NAME Courtland H Stringer

(a) Residence. No. \_\_\_\_\_ St., \_\_\_\_\_ Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W5. Single, Married, Widowed  
or Divorced (write the word)MarriedMarried  
Waller

6. DATE OF BIRTH

Aug 17th 1891

7. AGE

Years 43 Months 1 Days 22  
IF LESS than  
1 day? \_\_\_\_\_ yrs.  
or \_\_\_\_\_ min.8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Barber9. Industry or business in which  
work was done, as silk mill,  
sawmill, bank, etc.10. Date deceased last worked at  
this occupation (month and  
year) \_\_\_\_\_11. Total time (years)  
spent in this  
occupation 22 years

12. BIRTHPLACE

Ky.  
Pete Stringer

13. NAME

14. BIRTHPLACE

Ky.  
Lottie Ashly

15. MAIDEN NAME

16. BIRTHPLACE

Ky.  
W.M. Stringer

17. INFORMANT

Central City Ky

(Address)

18. BURIAL, CREMATION, OR REMOVAL

Funerary Co. Date 10/9/1934

19. UNDERTAKER

Central City Ky

(Address)

20. FILED

10/9 - 1934 A. L. Sanford

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, death is held  
to have occurred on the date stated above, at 6:30 P.M.  
The principal cause of death and related causes of importance  
in order of onset were as follows:HomicideDate of  
onsetContributory causes of importance not related to  
principal cause:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the  
following:Accident, suicide, or homicide? \_\_\_\_\_ date of injury Oct 8 1934

Where did injury occur?

(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in  
public place. Public Place

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of

deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_

(Signed Lennie Bryan)(Address) Central City Ky

N. B. WRITE PLAINLY, WITH 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.