

Commonwealth of Kentucky

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

14668

File No.

Registered No.

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

1 PLACE OF DEATH

County Muhlenberg
Vot. Pot. paralitic Registration District No. 7126
Ino. Town Primary Registration District No.
City (No. St., Ward)2 FULL NAME Reuben S. Stringer

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married6 DATE OF BIRTH December 23, 1892
(Month) (Day) (Year)7 AGE 37 yrs. 4 mos. 7 ds. IF LESS than 1 day ... hrs. or ... min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work farmer
(b) General nature of industry business or establishment in which employed (or employer) employer9 BIRTHPLACE (State or country) Greenville Ky

PARENTS

10 NAME OF FATHER John H Stringer11 BIRTHPLACE OF FATHER (State or country) Calhoun Ky12 MAIDEN NAME OF MOTHER Nancy A. Stringer13 BIRTHPLACE OF MOTHER (State or country) Greenville

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John H Stringer
(Address) Grakesboro Ky15 Filed May 3, 1919 W. S. Cusdiff
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 30, 1919
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from April 27, 1919, to April 30, 1919, that I last saw him alive on April 30, 1919, and that death occurred on the date stated above at m. The CAUSE OF DEATH* was as follows:Lobar pneumonia
following influenza..... (Duration) yrs. mos. 7 ds.

Contributory (SECONDARY)

..... (Duration) yrs. mos. ds.

(Signed) J. D. Cusdiff, M. D.May 1, 1919. (Address) Grakesboro 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 DATE OF BURIAL

....., 191.....

20 UNDERTAKER ADDRESS

CC 11/2
4 21

WRITE CAREFULLY, 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.