

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

28455

1 PLACE OF DEATH
 County Muhlenberg
 Vol. Fol. Nelson
 Inc. Town Hy
 City (No. _____ St.; Ward _____)

7139

File No. _____
 Registered No. 16

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

2 FULL NAME Edward J. Strong

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX male 4 COLOR OR RACE colored 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) _____
 6 DATE OF BIRTH 1st 29, 1919
 (Month) (Day) (Year)
 7 AGE _____ yrs. _____ mos. _____ ds.
 8 OCCUPATION (a) Trade, profession, or particular kind of work _____ (b) General nature of industry, business, or establishment in which employed (or employer) _____
 9 BIRTHPLACE (State or country) ky

10 DATE OF DEATH 1st 29, 1919
 (Month) (Day) (Year)
 11 I HEREBY CERTIFY, That I attended deceased from _____, 191, to _____, 191, and that I last saw him alive on _____, 191, and that death occurred, on the date stated above, at _____ m. The CAUSE OF DEATH* was as follows:
still born

STILLBORN

PARENTS
 10 NAME OF FATHER Douglas Strong
 11 BIRTHPLACE OF FATHER (State or country) ky
 12 MAIDEN NAME OF MOTHER Maggie Strong
 13 BIRTHPLACE OF MOTHER (State or country) ky

Contributory (Secondary) _____ (Duration) yrs. mos. ds.
 (Signed) W. DeWitt M. D.
 (Address) Martinsburg

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL
 (15) 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 _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Douglas Strong
 (Address) Martinsburg

15 Filled 4/13, 1919 SOMMER
 REGISTRAR

19 PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL _____, 191____
 20 UNDERTAKER _____ ADDRESS _____

E. S.—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. E. S. statement of OCCUPATION is very important. See instructions on back of certificate.