

## CERTIFICATE OF DEATH

PLACE OF DEATH  
County Muhlenberg  
Vol. Fol. E. Ward

Registration District No. 870File No. 26801

Inc. Town

Primary Registration Dist. No. 2435Registered No. 40City Central City (No. .... St. .... Ward)

(If death occurred in a hospital or institution give the name of such institution of street and number.)

FULL NAME Harry M. Stroud

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
(Write the word)

DATE OF BIRTH November 8, 1897  
(Month) (Day) (Year)

AGE 16 yrs. 11 mos. 14 ds. IF LESS than 1 day...hrs. or...min.?

OCCUPATION  
(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (State or country) Muhlenberg Co.

PARENTS  
10 NAME OF FATHER Tom Stroud  
11 BIRTHPLACE OF FATHER (State or country) Muhlenberg  
12 MAIDEN NAME OF MOTHER Fannie Tinsley  
13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Tom Stroud  
(Address) Central City

15 Filed Oct. 23, 1914 by 4 C. L. Blandford  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH October 22, 1914  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct. 16, 1914, to Oct 22, 1914, that I last saw him alive on Oct 22, 1914 and that death occurred, on the date stated above, at 1 P.M.

The CAUSE OF DEATH\* was as follows:  
Tubercular Adenitis  
(Duration) 2 yrs. .... mos. .... ds.

Contributory (SECONDARY) .....  
(Duration) ..... yrs. .... mos. .... ds.  
(Signed) J. P. Walker M. D.  
Oct. 23, 1914 (Address) Central City, 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 residence .....

19 PLACE OF BURIAL OR REMOVAL Fairmount Cemetery, Central City, Ky. DATE OF BURIAL Oct. 23, 1914  
20 UNDERTAKER Marlin Moore ADDRESS Central City

WRITE PLAINLY, WITH CAREFUL HAND-WRITING IN A READABLE MANNER. 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.