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Form V. S. 1-122a-4-10-10

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

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 Mulenburg

Vol. Beach Creek Registration District No. 192

Inc. Town \_\_\_\_\_ Primary Registration District No. 6827

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

2 FULL NAME Alfred Colman Underwood

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX M 4 COLOR OR RACE W 5 Single Married Widowed or Divorced (Write the word) S

16 DATE OF DEATH \_\_\_\_\_ 7 5 1922  
(Month) (Day) (Year)

6 DATE OF BIRTH \_\_\_\_\_ 9 4 1908  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 192\_\_\_\_, to \_\_\_\_\_, 192\_\_\_\_, that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 192\_\_\_\_, and that death occurred on the date stated above at \_\_\_\_\_ m.

7 AGE \_\_\_\_\_ 14 yrs. 8 mos. 11 ds. IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min?

The CAUSE OF DEATH\* was as follows:  
Stroke

8 OCCUPATION (a) Trade, profession or particular kind of work \_\_\_\_\_ none (b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Contributory (Secondary) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

9 BIRTHPLACE (State or country) Try

(Signed) P. W. Starrow, M. D. \_\_\_\_\_, 192\_\_\_\_ (Address) Beach Creek

10 NAME OF FATHER Alfred Underwood

11 BIRTHPLACE OF FATHER (State or country) Try

12 MAIDEN NAME OF MOTHER Sara Whitson

13 BIRTHPLACE OF MOTHER (State or country) Try

\*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Alfred Underwood (Address) Beach Creek

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) at place \_\_\_\_\_ in the of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. Where was disease contracted, If not at place of death? Former or usual residence \_\_\_\_\_

15 8/7, 1922 Vieta Jackson Registrar

19 PLACE OF BURIAL OR REMOVAL Steward DATE OF BURIAL 7-6-22

20 UNDERTAKER Jacques B. S. ADDRESS Beach Creek