

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHFile No. **15339**Registered No. **2870**

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

1 PLACE OF DEATH
County Mulesburg
Vol. Pct. Rosewood
Inc. Town.....
City.....Registration District No. 1091
Primary Registration District No. 2870 28702 FULL NAME Joel Harvey W. Underwood

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Single
Married
Widowed
or Divorced
(Write the word)
6 DATE OF BIRTH June 29, 1867
(Month) (Day) (Year)
7 AGE 70 yrs. 11 mos. 11 ds. IF LESS than 1 day.....hrs. or.....min?
8 OCCUPATION
(a) Trade, profession or particular kind of work Farming
(b) General nature of industry, business or establishment in which employed (or employer).....9 BIRTHPLACE (State or country) Mulesburg, Ky.PARENTS
10 NAME OF FATHER J. P. Underwood
11 BIRTHPLACE OF FATHER (State or country) Tenn.
12 MAIDEN NAME OF MOTHER Sarah C. Underwood
13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lois Underwood
(Address) Greenville, Ky.15 Filed June 4, 1928 Florne Barton Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 3, 1928
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from June 2, 1928, to June 3, 1928, that I last saw him alive on June 2, 1928, and that death occurred on the date stated above at.....m.

The CAUSE OF DEATH* was as follows:

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

Contributory (Secondary).....

(Signed) S. L. Argabrite M. D.
June 6, 1928 (Address) Greenville, 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 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.....

19 PLACE OF BURIAL OR REMOVAL Underwood B.S. DATE OF BURIAL June 4, 192820 UNDERTAKER R. M. Meltsky ADDRESS Clifty, Ky.WRITE PLAINLY, 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.