

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

## 1 PLACE OF DEATH

County: Muhlenberg  
Vol. Pct.: Hillsdale Registration District No. 1087  
Inc. Town: ..... Primary Registration District No. 2/35  
City: ..... (No. .... St., ..... Ward)

File No. 4479Registered No. 14

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

2 FULL NAME: Samuel Jefferson Newland

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 ~~Single~~ Married  
Widowed  
or Divorced  
(Write the word)  
6 DATE OF BIRTH July 13, 1922  
(Month) (Day) (Year)  
7 AGE 23 yrs. 7 mos. 11 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) .....

9 BIRTHPLACE (State or country) Ky.

PARENTS  
10 NAME OF FATHER Wade's Know  
11 BIRTHPLACE OF FATHER (State or country) Ky.  
12 MAIDEN NAME OF MOTHER Wade's Know  
13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Peter Dexter  
(Address) Lawrence Ky

15 Filed 2/27, 1922 A. L. Blandford  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. 24, 1922  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 2-13, 1922, to 2-24, 1922, that I last saw him live on 2-13, 1922, and that death occurred on the date stated above at 4826.

The CAUSE OF DEATH\* was as follows:

Tuberculosis(Duration) 1 yrs. 7 mos. .... ds.

Contributory (Secondary) .....

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

(Signed) E. G. Prosser, M. D.  
2-27, 1922 (Address Central Ky 14)

\*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 ..... 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

Common Grave rd 2/25, 1922  
20 UNDERTAKER Dr. Undertaker ADDRESS .....

Don McDevell

MARGIN RESERVED FOR INDEXING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

M. B.—Every item of information should be carefully supplied. AGE should be EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. statement of OCCUPATION is very important. See instructions on back of certificate.