

COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 17666

Registered No. 55

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

1 PLACE OF DEATH
 County Manchester
 Vet. Post.....
 Inc. Town Central City
 City.....

Registration District No. 1087
 Primary Registration District No. 2435
 (No. **P** St., Ward)

2 FULL NAME Unknown

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Black 5 Single
 Married
 Widowed
 or Divorced
 (Write the word)

6 DATE OF BIRTH Unknown
 (Month) (Day) (Year)

7 AGE About 22 yrs. mos. ds.
 IF LESS than 1
 day hrs.
 or min?

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) Unknown

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER
 (State or country) Unknown

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER
 (State or country) Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) R. G. Allen Coover
 (Address) Central City Ky.

15 Filed 8/1, 1925-22 (Blanchard) Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 15, 1925
 (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.

The CAUSE OF DEATH* was as follows:
Severe lumbago crushed by
Rail Road car
accident
School (Duration) yrs. mos. ds.

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

(Signed) R. G. Allen Coover, M.D.
July 15, 1925 (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 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 DATE OF BURIAL
Frankford Ky. July 20, 1925

20 UNDERTAKER ADDRESS
Joe E. Long Central City Ky.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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