

Commonwealth of Kentucky  
STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County *Muhlenberg*  
Vol. Fol. ....  
In. Town *Paradise*  
City ..... (No. .... St. .... Ward)

*7126*

File No. **5871**  
Registered No. *7126*

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

3 FULL NAME *Oliver Grenwell Danlandingham*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

4 SEX *Male* 5 COLOR OR RACE *white* 6 SINGLE, MARRIED, WIDOWED, OR DIVORCED *single*  
(Write the word)

16 DATE OF DEATH *Feb 19*, 191*6*  
(Month) (Day) (Year)

8 DATE OF BIRTH *Feb 15*, 191*4*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Feb 19*, 191*6*, to *Feb 19*, 191*6*, that I last saw him alive on ....., 191*6*, and that death occurred, on the date stated above, at *12:00* m.

7 AGE ..... yrs. .... mos. .... ds. If LESS than 1 day ..... hrs. or ..... min.?

The CAUSE OF DEATH\* was as follows:

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

*apoplexy*  
*subarachnoid*  
(Duration) ..... yrs. .... mos. .... ds.

10 BIRTHPLACE (State or country) *Wagner, W. Va. Co.*

Contributory (SECONDARY) ..... (Duration) ..... yrs. .... mos. .... ds.  
(Signed) *E. J. Smith*, M. D.  
*Feb 19, 1916* (Address) *Paradise*

PARENTS

10 NAME OF FATHER *O. E. Danlandingham*

11 BIRTHPLACE OF FATHER (State or country) *Muhlenberg*

12 MAIDEN NAME OF MOTHER *Margaret Weir*

13 BIRTHPLACE OF MOTHER (State or country) *Muhlenberg*

\*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. In the State ..... yrs. .... mos. .... ds.  
Where was disease contracted, if not at place of death?  
Former or usual residence .....

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) *J. J. Danlandingham*  
(Address) *Paradise*

19 PLACE OF BURIAL OR REMOVAL *F. E. Williams* DATE OF BURIAL *Feb. 20, 1916*

15  
Filed ..... 191*6* REGISTRAR

20 UNDER AGER *Rev. K. G. Smith* ADDRESS *Bullport*

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.