FORM V S 1-500M 8-29-12

Commonwealth of Kentucky
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 4108

Registered No. 6

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

1 PLACE OF DEATH

County Muhlenberg ..... Ky. Registration District No. 872

Vot. Pct. [redacted] Drakesboro

Ins. Town #32 Primary Registration District No. 7125

City ..... (No. ..... St. ..... Ward)

2 FULL NAME Will Vanlandingham

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: ..... (Month) ..... (Day) 1 (Year)

7 AGE: 34 yrs. ..... mos. ..... ds. IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Coal Miner
(b) General nature of industry business or establishment in which employed (or employer): .....

9 BIRTHPLACE (State or country): Muhlenberg Co, Ky

PARENTS

10 NAME OF FATHER: Oliver Vanlandingham

11 BIRTHPLACE OF FATHER (State or country):

12 MAIDEN NAME OF MOTHER:

13 BIRTHPLACE OF MOTHER (State or country):

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. D. Lear

(Address) Browder, Ky

15

Filed 2/28, 1921 J. R. Kimmel REGISTRAR

11-3164

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb 28, 1921 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 15, 1921, to Feb 28, 1921, that I last saw him alive on Feb 27, 1921, and that death occurred on the date stated above at 5 a.m. The CAUSE OF DEATH* was as follows:

Lobar Pneumonia

(Duration) ... yrs. ... mos. 13 ds.

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

(Signed) H. D. Newgrain, M. D.

Feb 28, 1921 (Address) Drakesboro, 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 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 .....

19 PLACE OF BURIAL OR REMOVAL: [illegible] DATE OF BURIAL: 3/1, 1921

20 UNDERTAKER Drakesboro ADDRESS Drakesboro

J. R. Kimmel

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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.