

COMMUNITY OF KENTUCKY
 STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

PLACE OF DEATH

County *Muhlenberg*Vol. No. *21*Inc. Town *Central City*

City

Registration District No. *970*Primary Registration District No. *2435*

(No.)

St.

Ward)

File No. **9107**

Registered No.

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

FULL NAME *Infant G. Lydia Venerable*

PERSONAL AND STATISTICAL PARTICULARS

 SEX *Female* COLOR OR RACE *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
DATE OF BIRTH *Mar 25 1917*
(Month) (Day) (Year)AGE *2* yrs. mos. ds. IF LESS than 1 day ... hrs. or ... min.?

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

BIRTHPLACE (State or country) *Muhlenberg Co.*
 PARENTS
 10 NAME OF FATHER *G. R. Venerable*

 11 BIRTHPLACE OF FATHER (State or country) *Logan Co.*

 12 MAIDEN NAME OF MOTHER *Mary Stinson*

 13 BIRTHPLACE OF MOTHER (State or country) *Logan Co.*

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *G. R. Venerable*(Address) *Central City*Date *April 12, 1917* Registrar *L. Blandford*

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *March 26 1917*
Central City
(Month) (Day) (Year)
 17 I HEREBY CERTIFY, That I attended deceased from *Mar. 25* 1917, to *Mar. 26* 1917, that I last saw him *live on* *Mar. 26* 1917, and that death occurred on the date stated above at *3:20* pm. The CAUSE OF DEATH* was as follows:
Respiration(Duration) yrs. mos. *2* ds.

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

(Signed) *H. J. Taddesley* M. D. *Mar. 26, 1917* (Address) *Central City*

*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 REGENT RESIDENTS) In the

At place 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

Mt Zion Ky DATE OF BURIAL20 UNDERTAKER *Marion Moore* ADDRESS*Central City*