

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

H. Tyldesley
6520

1 PLACE OF DEATH

County *Mitchell*

Vet. Pot. *East-Central #21*

Incl. Town *Central City*

City (No. St., Ward)

Registration District No. *170*

Primary Registration District No. *2435*

File No.

Registered No. *9*

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

2 FULL NAME *Samuel Walker*



PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) *Single*

6 DATE OF BIRTH *April 24, 1897*
(Month) (Day) (Year)

7 AGE *23 yrs. 10 mos. 1 ds.* IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) *Bremen Ky*

10 NAME OF FATHER *Nelson Walker*

11 BIRTHPLACE OF FATHER (State or country) *Bremen Ky*

12 MAIDEN NAME OF MOTHER *Collie Wright*

13 BIRTHPLACE OF MOTHER (State or country) *Bremen Ky*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Lewis R. Watkins* (Address) *Middleton Ky*

15 Filed *7/26/1921* *W.L. Blanford* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *July 25, 1921*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *July 24, 1921*, to *July 25, 1921*, that I last saw him alive on *July 25, 1921*, and that death occurred on the date stated above at *7 P.M.* The CAUSE OF DEATH was as follows:

Struck by train Resulting in death

(Duration) ... yrs. ... mos. *1 ds.*

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

(Signed) *Harry Tyldesley*, M. D. *July 26, 1921* (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 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 *Central City Ky* DATE OF BURIAL *July 26, 1921* 20 UNDERTAKER *Marlen Moore* ADDRESS *Central City Ky*

should state CAUSE OF DEATH in plain language. See instructions on back of certificate. CAPTION is very important.