

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Muhlenberg

Vol. Pat. \_\_\_\_\_

Inc. Town \_\_\_\_\_

City Central City (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

2 FULL NAME Henry Yelling

870  
2435

File No. 20720

Registered No. 42

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED widower  
(If wife the word)

6 DATE OF BIRTH 10 January 1839  
(Month) (Day) (Year)

7 AGE 73 yrs. 1 mo. 26 ds. If LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Swisspool Eng

10 NAME OF FATHER Samuel Hunt

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) Amy Griffith Dason  
(Address) Central City Ky

15 Filed Aug. 17, 1912 A. L. Blandford  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 16, 1912  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 16, 1912, to Aug 16, 1912, that I last saw him alive on Aug 16, 1912, and that death occurred, on the date stated above, at 7:30 P.M.  
The CAUSE OF DEATH\* was as follows:

Tuberculosis  
(Duration) 5 yrs. - mos. - ds.

Contributory (Secondary) \_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. - mos. - ds.  
(Signed) W. P. M. Howell, M. D.  
Aug. 17, 1912 (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 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 Central City Ky DATE OF BURIAL Aug. 17, 1912  
20 UNDERTAKER Martin Moore ADDRESS Central City

NOTE: PLACES WITH POPULATION UNDER 100 ARE TO BE CLASSIFIED AS VILLAGES. PHYSICIANS SHOULD STATE WHETHER DEATH OCCURRED IN A HOSPITAL OR INSTITUTION. AGE SHOULD BE STATED IN YEARS, MONTHS AND DAYS. OCCUPATION SHOULD BE STATED IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. EXACT ADDRESS OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.