

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

PLACE OF DEATH
County Muhlenberg
Vol. Pat. West. 1044513
Inc. Town
City Grenville (No. 871-7133 St.; Ward)
FULL NAME Edward Roll Younts

File No. 11239

Registered No. 34

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

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Male
2 COLOR OF RACE White
3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single
4 DATE OF BIRTH April 15th 1913
(Month) (Day) (Year)
7 AGE Six days old
If LESS than 1 day... hrs, or... min.?
8 OCCUPATION Infant
(a) Trade, profession, or particular kind of work.
(b) General nature of industry, business, or establishment in which employed (or employer).
9 BIRTHPLACE (State or county) Grenville, Muhlenberg County, Ky.
10 NAME OF FATHER Edward Younts
11 BIRTHPLACE OF FATHER (State or county) Grenville, Muhlenberg, Ky.
12 MARRIAGE NAME OF MOTHER Mrs. Flora Roll
13 BIRTHPLACE OF MOTHER (State or county) Muhlenberg, Ky.

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 22nd 1913
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from April 20th 1913, to Apr. 22nd 1913, that I last saw him alive on Apr. 22nd 1913, and that death occurred, on the date stated above, at 3 P.M.

The CAUSE OF DEATH* was as follows: Purpura Hemorrhagica
Twenty four hours
Contributory Inactive River
(SECONDARY)
(Signed) J. N. Rooney, M.D.
Apr 22, 1913 (Address) Grenville, 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 ... 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. N. Rooney
(Address) Grenville, Ky.

19 PLACE OF BURIAL OR REMOVAL Grenville DATE OF BURIAL Apr. 22 1913
20 UNDERTAKER Ed. Ross ADDRESS Grenville

15 File No. Apr 22, 1913 225 J. N. Rooney REGISTRAR

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

M. B.—Every item of information should be carefully supplied. AGE should be stated in FULLY. 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.