

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

6960

1 PLACE OF DEATH
County Muhlenberg
Vol. Pat. 34
Inc. Town Cleator Ky
City (No. _____ St., _____ Ward)

File No. _____

Registered No. 98

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

Registration District No. 1094
Primary Registration District No. 6842

2 FULL NAME Floyd Junior Young

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 Single Married <u>Single</u> Widowed or Divorced (Write the word)
6 DATE OF BIRTH <u>2</u> (Month) <u>5</u> (Day) <u>1927</u> (Year)		
7 AGE <u>11</u> yrs. <u>11</u> mos. <u>11</u> ds. IF LESS than 1 day _____ hrs. or _____ min?		
8 OCCUPATION (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 country)		

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH <u>3</u> (Month) <u>16</u> (Day) <u>1927</u> (Year)
17 I HEREBY CERTIFY, That I attended deceased from <u>3/14/1927</u> , to <u>3/18/1927</u> , that I last saw him alive on <u>3/18/1927</u> , and that death occurred on the date stated above at <u>2:00</u> p.m.
The CAUSE OF DEATH* was as follows: <u>Accidental poisoning by Hot Coffee</u> (Duration) _____ yrs. _____ mos. <u>6</u> ds.
Contributory (Secondary) (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) <u>@ D. W. ...</u> , M. D. <u>3/18/1927</u> (Address) <u>Cleator Ky</u>

*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 _____

PARENTS	10 NAME OF FATHER <u>Floyd Young</u>
	11 BIRTHPLACE OF FATHER (State or country) <u>Kentucky</u>
	12 MAIDEN NAME OF MOTHER <u>Minnie Bowling</u>
	13 BIRTHPLACE OF MOTHER (State or country) <u>Kentucky</u>
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Floyd Young</u> (Address) <u>Cleator Ky</u>	
15 Filed <u>Mar 30</u> , 1927 <u>Vannie Thouse</u> Registrar	

19 PLACE OF BURIAL OR REMOVAL <u>Union H. Y</u>	DATE OF BURIAL <u>3/19/1927</u>
20 UNDERTAKER <u>J. J. ...</u>	ADDRESS <u>Cleator Ky</u>

WRITE PLAINLY, UNFADING INK. 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.