

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

File No. **2816**

Registered No. \_\_\_\_\_

PLACE OF DEATH  
County Muhlenberg  
City Central City  
No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

870  
2435

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

FULL NAME Henry Thomas Young

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
(Write the word)

DATE OF DEATH January 1, 1916  
(Month) (Day) (Year)

DATE OF BIRTH February 21, 1869  
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 5, 1915, to Jan. 1, 1916, that I last saw him alive on Jan. 1, 1916, and that death occurred, on the date stated above, at Central City, Ky.

AGE 46 yrs. 10 mos. 14 ds. If LESS than 1 day... hrs. or... min.?

The CAUSE OF DEATH\* was as follows:

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

Endocarditis

BIRTHPLACE (State or country) Muhlenberg Co. Ky.

(Duration) yrs. mos. 15 ds.

NAME OF FATHER Henry Young

Contributory (SECONDARY) Rheumatic fever acute.

BIRTHPLACE OF FATHER (State or country) Muhlenberg Co., Ky.

(Duration) yrs. mos. 1 mos. 27 ds.

MAIDEN NAME OF MOTHER Eliza Bruce

(Signed) J. S. Taylor, M. D.  
Jan. 2, 1916 (Address) Central City

BIRTHPLACE OF MOTHER (State or country) Ireland.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Mrs. H. T. Young  
(Address) Central City, Ky.

(13) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  
At place of death yrs. mos. ds. In the State yrs. mos. ds.

FILED July 1, 1916 A. L. Blandford REGISTRAR

Where was disease contracted, if not at place of death?  
Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL Mt. Zion DATE OF BURIAL Jan. 9, 1916

UNDERTAKER Marion Moore ADDRESS Central City Ky.

U. S. - 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.