

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHFile No. 2367Registered No. 2670

## 1 PLACE OF DEATH

County Jefferson

Vet. Pat. \_\_\_\_\_ Registration District No. \_\_\_\_\_

Ino. Town \_\_\_\_\_ Primary Registration District No. 1City Louisville (No. St Josephs Infirmary Ward)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Irvin Young(a) Residence. No. Central City, Ky St., \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single  
Married Single  
Widowed  
or Divorced  
(Write the word)5a If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of \_\_\_\_\_6 DATE OF BIRTH Don't Know 1889  
(Month) (Day) (Year)7 AGE 68 yrs. - mos. - ds. IF LESS than 1  
day \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min?

## 8 OCCUPATION OF DECEASED

(a) Trade, profession or  
particular kind of work. Farmer(b) General nature of industry,  
business or establishment in  
which employed (or employer) \_\_\_\_\_9 BIRTHPLACE (city or town) Central City Ky  
(State or country)

## PARENTS

10 NAME OF FATHER Henry Young11 BIRTHPLACE OF FATHER (city or town) Central City Ky  
(State or country)12 MAIDEN NAME OF MOTHER Elizabeth Bruce13 BIRTHPLACE OF MOTHER (city or town) Central City Ky  
(State or country)14 (Informant) Bruce Young  
(Address) Central City Ky15 DEC 20 1927  
Filed \_\_\_\_\_, 19 \_\_\_\_\_ Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH December 23 1927  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased  
from Dec 23, 1927, to Dec 23, 1927  
that I last saw him alive on 3:15 P.M. 12/23, 1927  
and that death occurred on the date stated above at 3:15 p.  
The CAUSE OF DEATH\* was as follows:Calculus Aemia  
(Bacterial)

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory Aortic Thrombosis  
(Secondary)

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

## 18 WHERE WAS DISEASE CONTRACTED

If not at place of death? \_\_\_\_\_

Did an operation precede death? No Date of \_\_\_\_\_Was there an autopsy? YesWhat test confirmed diagnosis? Autopsy(Signed) W. H. Smith, M. D.  
Dec 23 1927 (Address) St Joseph Infirmary

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Central City Ky DATE OF BURIAL Dec 23 192720 UNDERTAKER Frank Smith's Son ADDRESS 1029-5-6<sup>th</sup> St

BARGE EXEMPTED FROM REGISTRATION

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