

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

1 PLACE OF DEATH

County Walt

Vac. No. Salt Lick

Incl. Town

City

Registration District No. 12

Primary Registration District No. 6

File No. 22861

Registered No.

(If death occurred in a hospital or other institution, give the name of the institution.)

FULL NAME Luther P. Padgett

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Male 2 COLOR OR HAIR White 3 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)

4 DATE OF BIRTH Sept 5th 1872

5 AGE 42 6 LESS than 1 day... 2 wks... 1 mo... 1 yr... 2 yrs... 3 yrs... 4 yrs... 5 yrs... 6 yrs... 7 yrs... 8 yrs... 9 yrs... 10 yrs... 11 yrs... 12 yrs... 13 yrs... 14 yrs... 15 yrs... 16 yrs... 17 yrs... 18 yrs... 19 yrs... 20 yrs... 21 yrs... 22 yrs... 23 yrs... 24 yrs... 25 yrs... 26 yrs... 27 yrs... 28 yrs... 29 yrs... 30 yrs... 31 yrs... 32 yrs... 33 yrs... 34 yrs... 35 yrs... 36 yrs... 37 yrs... 38 yrs... 39 yrs... 40 yrs... 41 yrs... 42 yrs... 43 yrs... 44 yrs... 45 yrs... 46 yrs... 47 yrs... 48 yrs... 49 yrs... 50 yrs... 51 yrs... 52 yrs... 53 yrs... 54 yrs... 55 yrs... 56 yrs... 57 yrs... 58 yrs... 59 yrs... 60 yrs... 61 yrs... 62 yrs... 63 yrs... 64 yrs... 65 yrs... 66 yrs... 67 yrs... 68 yrs... 69 yrs... 70 yrs... 71 yrs... 72 yrs... 73 yrs... 74 yrs... 75 yrs... 76 yrs... 77 yrs... 78 yrs... 79 yrs... 80 yrs... 81 yrs... 82 yrs... 83 yrs... 84 yrs... 85 yrs... 86 yrs... 87 yrs... 88 yrs... 89 yrs... 90 yrs... 91 yrs... 92 yrs... 93 yrs... 94 yrs... 95 yrs... 96 yrs... 97 yrs... 98 yrs... 99 yrs... 100 yrs...

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

8 BIRTHPLACE (Name of county) Rowan Co.

9 NAME OF FATHER Will Padgett

10 BIRTHPLACE OF FATHER (Name of county) Rowan Co.

11 MARRIED NAME OF MOTHER Mary Sarrill

12 BIRTHPLACE OF MOTHER (Name of county) Rowan Co.

13 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) M. S. Sarrill

(Address) Farmer's Log

14 SIGNATURE OF REGISTRAR A. L. Alexander

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH Sept 17 1914

11 I HEREBY CERTIFY THAT I attended deceased from Aug 14 1914 to Sept 17 1914 that I last saw him alive on Sept 16 1914 and that death occurred on the date stated above at 1 a.m. The CAUSE OF DEATH was as follows:

Shot in side head (Homicidal)  
County Barren Bullet over the top of the right ear  
City Barren  
(Signed) D. H. Hall M.D. N. D. Sept 17 1914 (Address) Farmer's Log

12 LENGTH OF RESIDENCE (in hospitals, institutions, Yearly visits or sanitariums) At place of death... yrs... mos... wks... days...  
Where was disease contracted, if not at place of death? Farmer's Log

13 PLACE OF BURIAL OR CREMATION Farmer's Log DATE OF BURIAL 9-17-14  
UNDERTAKER Farmer's Log ADDRESS Salt Lick

WRITE PLAINLY. THIS CERTIFICATE IS TO BE FILED IN A SEPARATE BOOK. It should be filled out as soon as possible after death. It should be filled out as soon as possible after death. It should be filled out as soon as possible after death.