

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

1 PLACE OF DEATH

County Bath

Vol. No. 5106

Registration District No. 52

Incl. Town

Registration District No.

City

St. Ward

2 FULL NAME

Joe Philip Trumbler

File No. 28828

Registered No.

[If death occurred in a hospital or institution, give the name, number of street and number.]

MARGIN RESERVED FOR RECORDS

WRITE PLAIN WITH UNFADING INK.—THIS IS A PERMANENT RECORD

E. 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.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED single
(Write the word)

6 DATE OF BIRTH Nov 9, 1915
(Month) (Day) (Year)

7 AGE 5 yrs. mos. 12 ds. IF LESS than 1 day... hrs. or... min.

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

9 BIRTHPLACE (State or country) Bath Co., Ky

10 NAME OF FATHER Walter Trumbler

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

12 MAIDEN NAME OF MOTHER Elsie Ferry

13 BIRTHPLACE OF MOTHER (State or country) Bourbon Co., Ky

14 IN THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Dr. P. P. Jones (Address) Salt Lick, Ky

15 FILED 11-28-1920 M. J. C. Alexander Registrar

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH Nov 27, 1920
DELAY (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 26, 1920, to Nov 26, 1920, and that I last saw him alive on Nov 26, 1920

and that death occurred on the date stated above at 8 a.m. The CAUSE OF DEATH* was as follows: Croup

(Duration) ... yrs. ... mos. ... ds.

Contributory (Cause) (Duration) ... yrs. ... mos. ... ds.

(Signed) P. P. Jones, M. D. (Address) Salt Lick, Ky

*State the DISEASE CAUSING DEATH, or, in death from VOLUNTARY CAUSES state (1) MANNER OF INJURY and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, YACHTS, OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Jones Grave DATE OF BURIAL Nov 28, 1920

20 UNDERTAKER Mrs. J. W. Vaughan ADDRESS Bath Lick