

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

File No. 2782  
Registered No. \_\_\_\_\_

1 PLACE OF DEATH  
County Bath  
Vol. 7278 Registration District No. 12  
Inc. Town \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
City \_\_\_\_\_ (No. D St. \_\_\_\_\_ Ward \_\_\_\_\_)

2 FULL NAME John W. Lymbier  
(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
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		
1 SEX <u>male</u>	4 COLOR OR RACE <u>white</u>	3 Single Married Widowed or Divorced <u>MARRIED</u> (Write the word)
5a If married, widowed, or divorced HUSBAND of <u>Mary J. Lymbier</u>		
6 DATE OF BIRTH <u>Aug. 29 1850</u> (Month) (Day) (Year)		
7 AGE <u>80 yrs 6 mos 29 ds.</u>		IF LESS THAN 1 day.....hrs. or.....min?
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work <u>Farming</u> (b) General nature of industry, business or establishment in which employed (or employer)		
9 BIRTHPLACE (city or town) <u>Menifee Co., Ky.</u> (State or country)		
PARENTS	10 NAME OF FATHER <u>Jonathan Lymbier</u>	
	11 BIRTHPLACE OF FATHER (city or town) <u>Ky.</u> (State or country)	
	12 MAIDEN NAME OF MOTHER <u>Martha Lymbier</u>	
	13 BIRTHPLACE OF MOTHER (city or town) <u>Ky.</u> (State or country)	
14 (Informant) <u>Allie Lymbier</u> (Address) <u>Salt Lake, Ky.</u>		
15 Filed <u>2-26</u> <u>W. S. Alexander</u> <u>1930</u> Registrar		

MEDICAL CERTIFICATE OF DEATH	
11 DATE OF DEATH <u>Feb. 27/30</u> (Month) (Day) (Year)	
17 I HEREBY CERTIFY, That I attended deceased from <u>Feb. 27/30</u> , 19 <u>30</u> , to <u>Feb. 27/30</u> , 19 <u>30</u> , that I last saw him alive on <u>Feb. 27/30</u> , 19 <u>30</u> , and that death occurred on the date stated above at <u>12:20 P</u> The CAUSE OF DEATH* was as follows: <u>internally injury in bowels caused by falling on rock and injuring bowels</u>	
(Duration) _____ yrs. _____ mos. _____ ds.	
Contributory (Secondary) (Duration) _____ yrs. _____ mos. _____ ds.	
18 WHERE WAS DISEASE CONTRACTED If not at place of death? _____	
Did an operation precede death? <u>no</u> . Date of _____	
Was there an autopsy? <u>no</u>	
What test confirmed diagnosis? (Signed) <u>D. C. Jones, M. D.</u> <u>Feb. 28, 1930</u> (Address) <u>Salt Lake, Ky.</u>	
*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 <u>None</u>	DATE OF BURIAL <u>3 1 30</u>
20 UNDERTAKER <u>None</u>	ADDRESS <u>None</u>

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD  
N. B.—Every item of information should be carefully supplied. AGE should be EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.

REMARKS REGISTERED FOR RECORDS