

COMMONWEALTH OF KENTUCKY
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. **20067**
Registration No. _____

1. PLACE OF DEATH
BATH
2. SEX **MALE**
3. TIME **5:45 A.M.**
4. STATE **KENTUCKY**

Registration District No. _____
Precinct Registration District No. **4843**

5. FULL NAME **MRS. VIRIAN KING**

6. OCCUPATION (if any) _____ 7. MALE _____ FEMALE _____
8. AGE (in years or months) _____ 9. SEX _____

PERSONAL AND STATISTICAL PARTICULARS

10. RACE **WHITE** 11. COLOR OF HAIR **BRUNNETT**

12. NAME OF MOTHER **TINNEY KING**

13. AGE OF DECEASED
14. SEX **MALE** 15. RACE **WHITE** 16. COLOR OF HAIR **BRUNNETT**

17. BIRTHPLACE **KENTUCKY**
18. NAME **MARIE BUNNER**
19. BIRTHPLACE **KENTUCKY**
20. MARRIAGE NAME **LILLIAN MINNIE**
21. BIRTHPLACE **KENTUCKY**
22. MARRIAGE NAME **BEE BUNNER**
23. BIRTHPLACE **BATH KY**

24. BIRTHPLACE **KENTUCKY**

25. NAME **MARIE BUNNER**

26. BIRTHPLACE **KENTUCKY**

27. MARRIAGE NAME **LILLIAN MINNIE**

28. BIRTHPLACE **KENTUCKY**

29. MARRIAGE NAME **BEE BUNNER**

30. BIRTHPLACE **BATH KY**

31. BIRTHPLACE **KENTUCKY**

32. MARRIAGE NAME **BEE BUNNER**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH **AUGUST 6 1927**

22. I HEREBY CERTIFY, THAT I attended deceased from **Aug 1 1927** to **Aug 6 1927**
I was notified of the death of the deceased on **Aug 1 1927**
The principal cause of death and relative amount of contributory causes of death were as follows:

Pulmonary tuberculosis

23. SIGNATURE OF PHYSICIAN **[Signature]**

24. PLACE OF DEATH _____ Date of _____

25. If death was due to natural causes, certificate will be given the following: **None of above**

26. If death was due to unnatural causes, certificate will be given the following: _____

27. If death was due to natural causes, certificate will be given the following: _____

28. If death was due to unnatural causes, certificate will be given the following: _____

29. If death was due to natural causes, certificate will be given the following: _____

30. If death was due to unnatural causes, certificate will be given the following: _____

31. If death was due to natural causes, certificate will be given the following: _____

THIS FORM IS PREPARED BY THE BUREAU OF VITAL STATISTICS, DEPARTMENT OF HEALTH, COMMONWEALTH OF KENTUCKY. IT IS TO BE FILLED BY THE PHYSICIAN OR OTHER PERSON HAVING KNOWLEDGE OF THE CAUSE OF DEATH. IT IS TO BE FILED IN THE OFFICE OF THE REGISTRAR OF DEATHS, COUNTY OF _____, KENTUCKY.