

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

18879

1 PLACE OF DEATH
County Bath
Vol. Sal. 2nd Registration District No. 52
Inc. Town Primary Registration District No. 485
City St. Ward)
2 FULL NAME John Boldy

File No.
Registered No.
(If death occurred in a hospital or institution give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Male 4 COLOR OR RACE White 3 SINGLE, MARRIED, WIDOWED OR DIVORCED Married
4 DATE OF BIRTH Oct 1896
7 AGE 62 yrs. 10 mos. 10 ds. IF LESS than 1 day ... hrs. or ... min.?
8 OCCUPATION
(a) Trade, profession, or particular kind of work Laborer
(b) General nature of industry, business or establishment in which employed (or employer)
9 BIRTHPLACE (State or country) Bath Co. Va.
10 NAME OF FATHER Wm. Boldy
11 BIRTHPLACE OF FATHER (State or country) Va.
12 MAIDEN NAME OF MOTHER Malinda McLean
13 BIRTHPLACE OF MOTHER (State or country) Va.

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH Aug. 30, 1958
17 I HEREBY CERTIFY, That I attended deceased from Feb. 1958 to Aug 26, 1958 that I last saw him alive on Aug 30, 1958 and that death occurred on the date stated above at 10 p.m. The CAUSE OF DEATH* was as follows:
Tuberculosis of Bowels
(Duration) 1 yrs. mos. ds.
Contributory (Secondary)
(Signed) Dr. Wm. H. ... (Address) ...
*The DISEASE CAUSING DEATH, or, in death from TOXICITY CAUSE state (1) NAME OF TOXICITY; and (2) whether ACCIDENTAL, OCCIDENTAL, or HOMICIDAL.
18 PLACE OF RESIDENCE (For hospitals, institutions, farm, etc.)
At place of death In the State
Where was disease contracted, if not at place of death?
Former or usual residence

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Liza Boldy
(Address) Hammerby
Filed 8-31-58 ...
15 PLACE OF BURIAL OR REMOVAL ...
16 DATE OF BURIAL ...
ADDRESS ...

WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD.
Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S 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.