

PLACE OF DEATH

County Bath
Vol. No. 5106
Inc. Town _____
City _____
No. _____ St. _____ Ward _____
FULL NAME Robert Benjamin

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

File No. 28978
Registered No. _____
(If death occurred in a hospital or institution give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

1 SEX <u>Male</u>	4 COLOR OR RACE <u>white</u>	3 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>single</u>
2 DATE OF BIRTH <u>Sept. No. 1902</u>		
7 AGE <u>17</u> yrs. ... mos. ... ds.		IF LESS than 1 day ... hrs. or ... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country) <u>Bath Co</u>		
10 NAME OF FATHER <u>Geo William Pergam</u>		
11 BIRTHPLACE OF FATHER (State or country) <u>Bath Co</u>		
12 MAIDEN NAME OF MOTHER <u>Mary Fannan</u>		
13 BIRTHPLACE OF MOTHER (State or country) <u>Bath Co</u>		

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH
November 16 1919

17 I HEREBY CERTIFY, That I attended deceased from Nov 4, 1919, to Nov 16, 1919, that I last saw him alive on Nov 16, 1919, and that death occurred on the date stated above at 12 a.m. The CAUSE OF DEATH was as follows:
typhoid fever

(Duration) ... yrs. ... mos. ... 12 ds.

Contributory (Secondary) Broncho-Pneumonia

(Signed) J. R. Claypool, M. D.
Nov. 17, 1919 (Address) _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo W Pergam
(Address) Salt Lick Ky

*Mark the DURABLE CAUSE OF DEATH, or, in case of death from VIOLENT CAUSES state (1) NATURE OF INJURY and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

15 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients 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 _____

16 PLACE OF BURIAL OR REMOVAL
Jones Graves

DATE OF BURIAL
11-18, 1919

UNDERTAKER
Mrs J. W. Hughes

ADDRESS
Salt Lick Ky

18 Filed 11-18, 1919 M. E. Alexander REGISTRAR

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.