

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

28716

1. PLACE OF DEATH

County Bath

Vic. Pt. Forge Hill

Town _____

City _____

Registration District No. 51

Primary Registration District No. 4075

File No. _____

Registered No. 239

2. FULL NAME Peter Craig (If death occurred in a hospital or institution, give the NAME thereof (if street and number))

(If Residence, No. _____
(Usual place of abode) _____

Length of residence in city or town where death occurred yrs. mos. da. (If independent, give city or town and district)
Spec. Reg. to S. S. of Kentucky (S. S. No. _____)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OF SKIN White 5. RACE, Nationality, or descent of blood (Give the parent's race, nationality, or descent)

6. DATE OF BIRTH Nov 23 1866

7. AGE 69 Y 7 M 7 D

8. Trade, profession, or occupation (Indicate the kind of work done, if applicable, in service, institution, etc.)

9. Industry or business in which work was done, or place, institution, etc.

10. How employed (as worked in the occupation, institution, etc.)

11. Last day (month and year) of employment

12. Occupation of mother _____

13. Occupation of father _____

14. Occupation of mother _____

15. Occupation of father _____

16. Occupation of mother _____

17. Occupation of father _____

18. Occupation of mother _____

19. Occupation of father _____

20. Occupation of mother _____

21. Occupation of father _____

22. Occupation of mother _____

23. Occupation of father _____

24. Occupation of mother _____

25. Occupation of father _____

MEDICAL CERTIFICATE OF DEATH

11. DATE OF DEATH Dec 24 1935

12. I HEREBY CERTIFY, That I attended deceased from _____ to _____

I last saw him _____ alive on _____

to have occurred on the date stated above, at _____

The principal cause of death and related causes of importance in order of causal order as follows:

25

13. Name of physician _____

14. What test required (specify)? _____ Was there an autopsy? _____

15. If death was due to external cause (violence) (a) In case the accident, suicide, or homicide _____ Date of injury _____

When did injury occur? _____

Specify whether injury occurred in industry, in home, or in public street.

16. Nature of injury Epileptic Fit

17. Nature of injury 11024

18. Was known or injury in any way related to occupation of _____

19. Signature of physician _____

20. Name of physician Marie Women

21. Address of physician Lawrence of Bath

22. City Sevierville Ky

MARGIN RESERVED FOR RECORDS
A. WRITE PLAINLY. A. UNFOLDING AND-TYPE IS A PERMANENT RECORD. ALL INFORMATION SHOULD BE ACCURATE. PARTICULARS SHOULD BE GIVEN IN FULL. THIS IS NOT A PROPERTY RECORD. EXACT MEASUREMENT OF PARTICIPATION IS VERY IMPORTANT. SEE INSTRUCTIONS.