

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHFile No. 5690

Registered No. \_\_\_\_\_

## 1. PLACE OF DEATH

County Bath

Vet. Pot. \_\_\_\_\_

Inc. Town Best LickRegistration District No. 52Primary Registration District No. 4283City \_\_\_\_\_ (No. \_\_\_\_\_ St., \_\_\_\_\_ Ward)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME George Bergem(a) Residence, No. Best Lick, Ky St., \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

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

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed or Divorced (write the word) Widowed6a. If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH

7. AGE Years 90 Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day ..... hrs. or ..... min.OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. none  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_12. BIRTHPLACE Kentucky13. NAME Robert Bergem14. BIRTHPLACE Kentucky15. MAIDEN NAME Ann Warber16. BIRTHPLACE Kentucky17. INFORMANT Tom Carmichael(Address) Best Lick, Ky

18. BURIAL, CREMATION, OR REMOVAL

Place Jones Cemetery Date March 19 193519. UNDERTAKER Barnes & Horseman(Address) Best Lick, Ky20. FILED 3-19-35 Mr. H. C. Alexander  
Register

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_, death is said to have occurred on the date stated above, at \_\_\_\_\_ a.m.  
The principal cause of death and related causes of importance in order of onset were as follows:He did not attend deceased.  
Signed as Health Officer,  
town reports died of  
lobar pneumonia.  
Broncho-Pneumonia. 107  
Contributory causes of importance not related to principal cause:Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ date of injury \_\_\_\_\_ 19\_\_\_\_Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_

(Signed) B. Goodfaster M. D.(Address) Wilmington, Ky.

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.