

WITNESS, PLAINLY, WITH UNPAVING INK—THIS IS A PECULIAR RECORD
S. S.—Every item of information in it should be carefully supplied. AGE should be stated EXACTLY. PHRASES
should state CAUSE OF DEATH plain terms, so that it may be present in
instructions on back of certificate.

FORM Y-1-1900
1 PLACE OF DEATH *Bath*
County *Bath*
Vet. Pol. *5708*

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

Registration District No. *62*
Primary Registration District No. *62*

File No. *8003*
Registered No.
(If death occurred in a
hospital or institution,
give its name instead of
street or number.)

Inc. Town *Bath*
City *Bath* (No. *1*) Bl., Ward *1*

1 FULL NAME *Roy Edward Goldie*

PERSONAL AND STATISTICAL PARTICULARS

SEX <i>Male</i>	COLOR OR RACE <i>White</i>	SINGLE
		MARRIED WIDOWED DIVORCED (If wife living)

2 DATE OF BIRTH

Aug 26, 1917
(Month) (Day) (Year)

3 AGE

Yrs. 6 mos. 29 ds.

IF LESS THAN
1 day... hrs.
or... min?

4 OCCUPATION

(a) Trade, profession, or
particular kind of work *None*
(b) General nature of industry
business or establishment in
which employed (or employer) *None*

5 BIRTHPLACE

(State or country) *Indiana*

6 NAME OF
FATHER *Shelbie Goldie*

7 BIRTHPLACE
OF FATHER
(State or country) *Bath Co., Ky.*

8 MAIDEN NAME
OF MOTHER *Emma Thompson*

9 BIRTHPLACE
OF MOTHER
(State or country) *Bath Co., Ky.*

10 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Dr. C. D. Jones*
(Address) *Salt Lake, Ky.*

11 *See signature*
Filed *8-26-1917* at *MH & H Alexander more*

12-13

MEDICAL CERTIFICATE OF DEATH

13 DATE OF DEATH

Aug 25 1918
(Month) (Date) (Year)

14 I HEREBY CERTIFY, That I attended deceased *alone or the*
dead man had been ill about 3 days
and that death occurred on the date stated above
at 11 a.m. The CAUSE OF DEATH was as follows:

Judging from the way the
dead body lay and symptoms
were described the cause of death
was pneumonia. The probable
cause that kept him sick so long
(Duration) yrs. 6 mos. 29 ds.

Contributory
(secondary)

(Duration) yrs. 6 mos. 29 ds.
(Signed) *C. D. Jones, M.D.*

15 DATE OF DEATH (Address) *Bath Co., Ky.*

*State the DISEASE CALLING DEATH, or, in deaths from VIOLENT CAUSES state
(1) MEANS OF INJURY and (2) WHETHER ACCIDENTAL, SUICIDE OR HOMICIDE

16 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

17 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
<i>Home of friend</i>	<i>3-26-18</i>
20 UNDERTAKER	ADDRESS