

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. **8295**

1. PLACE OF DEATH

County Bell

Vot. Precinct Pineville Twp.

Inc. Town Pineville Twp.

City _____ (No. _____ St. _____ Ward _____)

Registration District No. 61

Registered No. _____

Primary Registration District No. 2031

if death occurred in a hospital or institution, give name instead of street and number

2. FULL NAME Jacob Howard

DELAY

(a) Residence No. _____ St., _____ Ward _____ (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 39 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of Ellen Howard (or WIFE of)

6. DATE OF BIRTH May 28 1849

7. AGE Years 84 Months 8 Days - If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE Harlan Co. Ky.

13. NAME John Cowey Howard

14. BIRTHPLACE Harlan Co. Ky.

15. MAIDEN NAME Don't know.

16. BIRTHPLACE Harlan Co. Ky.

17. INFORMANT B. O. Howard

(Address) Pineville Ky.

18. BURIAL, CREMATION, OR REMOVAL

Place Pineville Ky. Date Jan 10, 1933

19. UNDERTAKER W. L. Barnett & Son

(Address) Pineville Ky.

20. FILED 2/12, 1933 J. L. S. H. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan 9, 1933

22. I HEREBY CERTIFY, That I attended deceased from Jan 8, 1933 to Jan 9, 1933

last saw h. alive on Jan 8 death is said to have occurred on the date stated above, 10 m. The principal cause of death and related causes of importance in order of onset were as follows:

nephritis

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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) Edmund Wilson M. D.

(Address) Pineville Ky.

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