

11322

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____
Registered No. _____

1. PLACE OF DEATH
County Rockcastle
Vol. Pct. _____
Inc. Town Mt. Vernon
City _____

Registration District No. 1305
Primary Registration District No. 2500

2. FULL NAME Logan D. Taylor
(a) Residence, No. Mt. Vernon, Ky. 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) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Lula Taylor

6. DATE OF BIRTH April 15 1891

7. AGE Years Months Days If LESS than 1 day.....hrs. or.....min.
48 7

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

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

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

12. BIRTHPLACE Mt. Vernon Rockcastle Co.

FATHER 13. NAME Tom Taylor

14. BIRTHPLACE Rockcastle Co.

MOTHER 15. MAIDEN NAME Mary Elizabeth Fletcher

16. BIRTHPLACE East

17. INFORMANT Mary E. Taylor
(Address) Mt. Vernon, Ky.

18. BURIAL CHAMBER, OR REMOVAL Place Mt. Vernon Date April 24 1939

19. UNDERTAKER W. R. Burdett & Son
(Address) Mt. Vernon, Ky.

20. FILED APR 30 1939 Lula McDowell
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from April 12 to April 22, 1939
I last saw him alive on Apr 12, 1939, death is said to have occurred on the date stated above, at 6 o'clock p. m.
The principal cause of death and related causes of importance in order of onset were as follows:

Pulmonary Tuberculosis 1919
Contributory causes of importance not related to principal cause: _____

Name of operation None Date of _____
What test confirmed diagnosis? X-ray Was there an autopsy? No

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? No If so, specify _____

(Signed) M. P. Peckinpaw, M. D.
(Address) Mt. Vernon, Ky.