

WRITE PLAINLY. WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be EXACTLY. PHYSICIANS 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.

Form V. S. 50m—9-23-27

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

County Hopkins Registration District No. \_\_\_\_\_  
 Vet. Pot. manatru Primary Registration District No. 5800  
 Inc. Town \_\_\_\_\_ City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

**2 FULL NAME** Chas. Manatru

(a) Residence. No. \_\_\_\_\_ 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**

1 SEX Male 4 COLOR OR RACE white 5 Single Married  
 Widowed or Divorced (Write the word)

6a If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_  
 6 DATE OF BIRTH Feb 20 1884  
 (Month) (Day) (Year)

7 AGE 46 yrs. 4 mos. 23 ds. IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min?

8 OCCUPATION OF DECEASED  
 (a) Trade, profession or particular kind of work AR Farmer  
 (b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_

9 BIRTHPLACE (city or town) (State or country) Sy John Bailey

**PARENTS**  
 10 NAME OF FATHER John Bailey  
 11 BIRTHPLACE OF FATHER (city or town) (State or country) Kenn  
 12 MAIDEN NAME OF MOTHER Thary Chap  
 13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kenn

14 (Informant) Charles Manatru  
 (Address) Manatru

15 Filed July 17, 1929 m.e.m. k.s. d. w. b. Registrar

**MEDICAL CERTIFICATE OF DEATH**  
 16 DATE OF DEATH July 15 1929  
 (Month) (Day) (Year)  
 17 I HEREBY CERTIFY, That I attended deceased from July 1, 1929 to July 14, 1929, that I last saw him alive on July 14, 1929, and that death occurred on the date stated above at 12 P. M.  
 The CAUSE OF DEATH\* was as follows: Chas. Manatru  
 \_\_\_\_\_  
 \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Contributory (Secondary) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 18 WHERE WAS DISEASE CONTRACTED  
 If not at place of death? \_\_\_\_\_  
 Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_  
 Was there an autopsy? \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_  
 (Signed) Thomas Crow, M. D.  
July 15, 1929 (Address) Manatru  
 \*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  
Old Fellowship July 15 1929  
 20 UNDERTAKER R. B. Barrett ADDRESS Madisonville

#1978