

Muncy, Infant 1929 - 1929

Form V. S. 1-50m-8-6-24

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

File No. **39740**

1 PLACE OF DEATH
County Letcher Registration District No. 885
Vol. Pct. M. Roberts Ky. Primary Registration District No. 4706
Inc. Town _____ City _____ (No. _____ St. _____ Ward _____)

2 FULL NAME Still Born

DELAY

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 Single Married <u>Single</u> Widowed or Divorced (Write the words)	16 DATE OF DEATH <u>Still Born</u> (Month) _____ (Day) _____ (Year) <u>1929</u>	
6 DATE OF BIRTH <u>5-26-1929</u> (Month) _____ (Day) _____ (Year)			17 I HEREBY CERTIFY, That I attended deceased from <u>7</u> 192 <u>9</u> , to <u>X</u> 192 <u>9</u> , that I last saw h. <u>X</u> alive on _____ 192 <u>9</u> , and that death occurred on the date stated above at <u>X</u> m. The CAUSE OF DEATH* was as follows: <u>Still Born</u>	
7 AGE <u>Still Born</u> mo. _____ da. _____ IF LESS than 1 day _____ hrs. or _____ min?			(Duration) _____ yrs. _____ mos. _____ da.	
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer)			Contributory (Secondary) (Duration) _____ yrs. _____ mos. _____ da.	
9 BIRTHPLACE (State or country) <u>Ky.</u>			(Signed) <u>Robert A. M. Roberts, M. D.</u> <u>5-26-1929</u> (Address) <u>M. Roberts</u> *State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
PARENTS	10 NAME OF FATHER <u>Bill Muncy</u>		18 LENGTH OF RESIDENCE (For hospitals, institutions, Transients or Recent Residents) at place _____ yrs. _____ mos. _____ da. in the _____ State _____ yrs. _____ mos. _____ da. Where was disease contracted, if not at place of death? Former or usual residence _____	
	11 BIRTHPLACE OF FATHER (State or country) <u>Ky.</u>		19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL <u>M. Roberts</u> <u>5-29-1929</u>	
	12 MAIDEN NAME OF MOTHER <u>Eda Wiskcraft</u>		20 UNDERTAKER <u>Mrs. Vanover</u> <u>M. Roberts</u>	
13 BIRTHPLACE OF MOTHER (State or country) <u>Ky.</u>			21 REGISTRAR <u>M. Roberts</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Bill Muncy</u> (Address) <u>M. Roberts Ky.</u>				
15 Filed <u>8-5-1929</u> Registrar				

N. B.—Every item of information should be carefully supplied. AGE should be given in EXACT terms. Exact statement of OCCUPATION is essential. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate.

11-3184