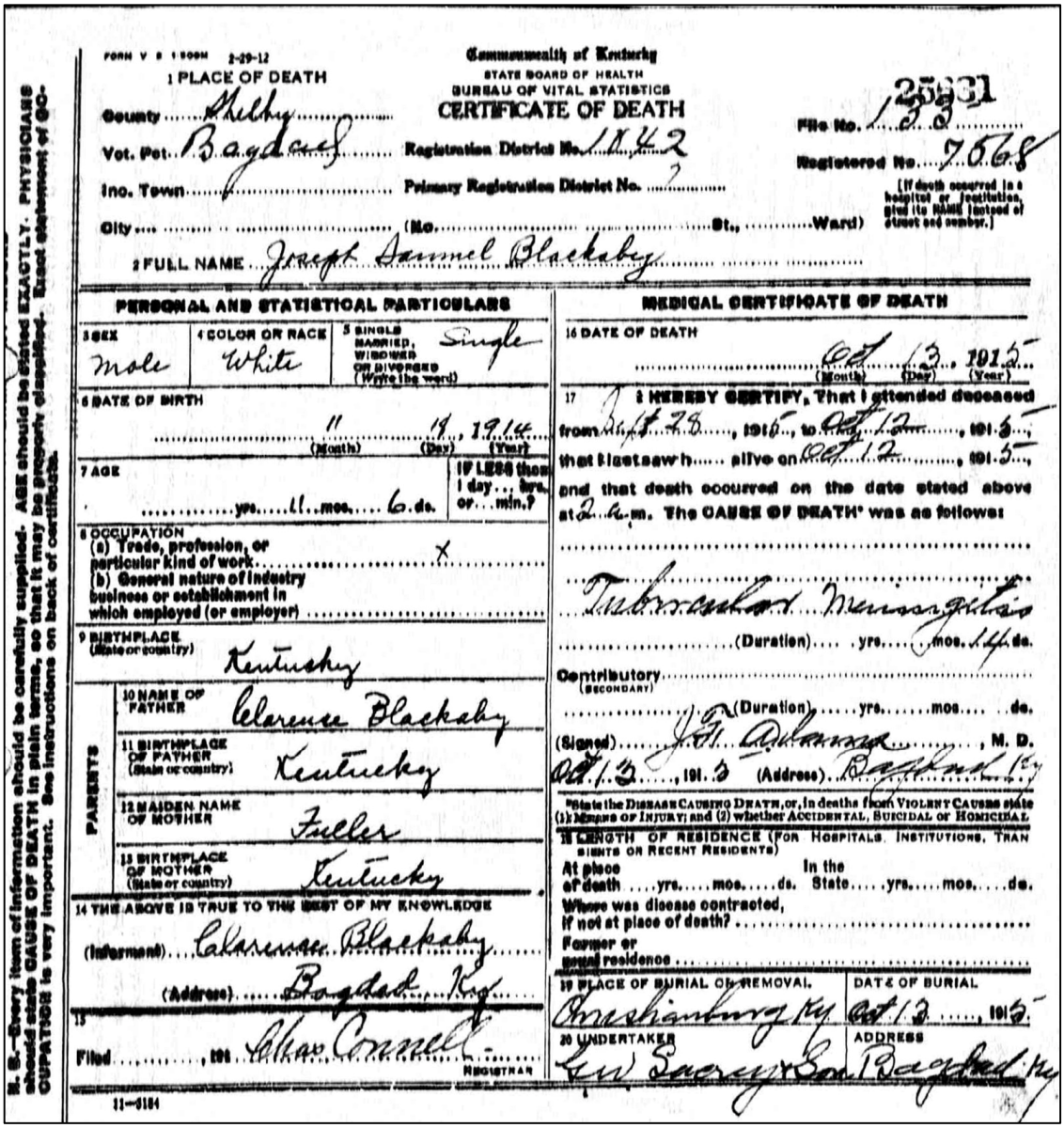

FORM V S 1909M 2-29-12

1 PLACE OF DEATH

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

File No. 25631

County Shelby
Vot. Pct. Bagdad
Reg. District No. 1142
Ino. Town
Primary Registration District No. 2
Registered No. 7668
City (No. St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Joseph Samuel Blackaby

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Single
6 DATE OF BIRTH: 11 (Month) 19 (Day) 1914 (Year)
7 AGE: yrs. 11 mos. 6 da. IF LESS than 1 day, hrs. or min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work: X (b) General nature of industry business or establishment in which employed (or employer):
9 BIRTHPLACE (State or country): Kentucky

PARENTS

10 NAME OF FATHER: Clarence Blackaby
11 BIRTHPLACE OF FATHER (State or country): Kentucky
12 MAIDEN NAME OF MOTHER: Fuller
13 BIRTHPLACE OF MOTHER (State or country): Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Clarence Blackaby
(Address) Bagdad Ky

15 Filed 191 Chas Connell REGISTRAR

11—6184

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct (Month) 13 (Day) 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 28, 1915, to Oct 12, 1915, that I last saw h... alive on Oct 12, 1915, and that death occurred on the date stated above at 2 a.m. The CAUSE OF DEATH* was as follows:

...Tuberculosis of Meninges...
(Duration) yrs. mos. 14 da.
Contributory (SECONDARY)
(Duration) yrs. mos. da.
(Signed) J.H. Adkerson, M. D.
Oct 13, 191 5 (Address) Bagdad Ky

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death ...yrs. ...mos. ...da. In the State ...yrs. ...mos. ...da.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL: Christiansburg Ky
DATE OF BURIAL: Oct 13, 1915
20 UNDERTAKER: Lee Searcy & Son
ADDRESS: Bagdad Ky

R. S.—Every item of information should be carefully supplied. AGE should be stated 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.