

Form V. S. 2-300m-4-15-19

1 PLACE OF STATE
 County South
 Vol. No. Josephine
 Inc. Town
 City

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

File No. **2555**
 Registered No. 1
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

Registration District No. 1351
 Primary Registration District No.

2 FULL NAME Lewis W. Glass

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Married Widowed Divorced (Write the word)

6 DATE OF BIRTH Dec 27 1893
 (Month) (Day) (Year)

7 AGE 34 yrs. - 3 mos. - 3 ds. IF LESS than 1 day..... hrs. or..... min?

8 OCCUPATION
 (a) Trade, profession or particular kind of work Lumber
 (b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Scott

PARENTS

10 NAME OF FATHER Samuel Glass
 11 BIRTHPLACE OF FATHER (State or country) Scott
 12 MAIDEN NAME OF MOTHER Lucinda Nealum
 13 BIRTHPLACE OF MOTHER (State or country) Scott Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Samuel Glass
 (Address) Sadleville, Sta.

15 Filed Jan 12 1928 Wm J. Baird Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 30 1927
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 25 1927 to Dec 30 1927, that I last saw him alive on Dec 28 1927, and that death occurred on the date stated above at 5 a.m.

The CAUSE OF DEATH* was as follows:
Chronic Pneumonia
 (Duration) yrs. mos. 4 ds.

Contributory (Secondary) (Duration) yrs. mos. ds.

(Signed) L. J. Lancaster, M. D.
Jan 8 1928 (Address) Forgetown

*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. ds. In the State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Parton DATE OF BURIAL Jan 1 1928
 20 UNDERTAKER W. W. M. Gabe ADDRESS Sadleville

11-218