

WRITE PLAINLY, WITH UNFAADING INK—THIS IS A PERMANENT RECORD

M. B.—Every item of information should be carefully supplied. AGE should be stated FULLY. PHYSICIANS should state CAUSE OF DEATH in plain English, so that it may be properly classified. Examine statement of OCCUPATION is very important. See instructions on back of certificate.

Continued Health of Kentucky
 STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Clay
 City Hubbardsville

File No. 10307
 Registered No. 374
 (If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Robert Corwin

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Male 1 COLOR OR RACE white 2 MARRIAGE STATUS widower
(If by the word)

3 DATE OF BIRTH May 2 1864
(Month) (Day) (Year)

4 AGE 63 yrs. 11 mos. 2 ds.
If LESS than 1 day... hrs. 2... min. 3

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

6 BIRTHPLACE (State or country) Ky.

PARENTS

7 1 NAME OF FATHER John Corwin
 8 BIRTHPLACE OF FATHER (State or country) Va.
 9 IS MAIDEN NAME OF MOTHER Betsy Barnes
 10 BIRTHPLACE OF MOTHER (State or country) Va.

MEDICAL CERTIFICATE OF DEATH

11 DATE OF DEATH May 2 1927
(Month) (Day) (Year)

12 I HEREBY CERTIFY that I attended deceased from April 3 1927 to May 2 1927
 that I last saw him alive on April 22 1927
 and that death occurred, on the date stated above, at 7 P.
 The CAUSE OF DEATH was as follows:
Distress ulcers

Contributory (Specify) _____
(Duration) yrs. mos. ds.

(Signed) W. A. Hensley, M.D.
May 7 1927 (Address) Hubbardsville, Ky.

13 (1) PLACE OF INTERMENT (Specify) _____
 (2) PLACE OF INTERMENT (Specify) _____
(1) PLACE OF INTERMENT (Specify) (2) WHETHER AUTOPSY PERFORMED AT PLACE OF INTERMENT

14 (1) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR IDENT RESIDENTS)
 At place of death _____ In the _____
 of death yrs. mos. ds. State yrs. mos. ds.
 Where was disease contracted?
 If not at place of death?
 Former or usual residence _____

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) _____
 (Address) _____

16 Filed _____ 1927, by H. L. Morgan REGISTRAR

17 PLACE OF BURIAL OR REMOVAL Wood's grave yard DATE OF BURIAL May 4 1927
 18 UNDERTAKER Owen Hensley ADDRESS Lane's creek