

CERTIFICATE OF DEATH

16912

PLACE OF DEATH
 County Mercer
 Vol. No. 11
 Inc. Town
 City

Registration District No. 823
 Primary Registration District No. 6991

File No. 22
 Registered No. 22

[If kept on record in a hospital or institution, give the name instead of street and number.]

FULL NAME Dr. Anderson G. Freeman

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White MARRIAGE STATUS Widower

DATE OF DEATH May 30 1919
 (Month) (Day) (Year)

DATE OF BIRTH May 24 1857
 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from about, 1919 and that death occurred on May 28 1919 and that death occurred on the date stated above at _____. The CAUSE OF DEATH was as follows:

AGE 62 yrs. 6 mo. 6 da.
 IF LESS than 1 day, hrs. or min.?

Pulmonary Tuberculosis
 (Duration) 1 yrs. --- mo. --- da.

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

Contributory (Occupation) --- (Duration) --- yrs. --- mo. --- da.
 (Signed) Dr. W. D. Sparrow, M.D.
May 30, 1919 (Address) Burgin, Ky.

BIRTHPLACE (State or country) Pulasky Co Ky

10 BIRTHPLACE OF FATHER Burgin, Ky

11 BIRTHPLACE OF MOTHER N. C.

12 MAIDEN NAME OF MOTHER ---

13 BIRTHPLACE OF MOTHER (State or country) ---

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. Nora B. Rose
 (Address) Lexington, Ky.

*State the DISEASE CAUSING DEATH, or, if death from TRAUMA, CLASHES, etc. (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SEVERAL OR INDIVIDUAL.
 15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRIP AGENTS OR RAILROAD COMPANIES)
 At place of death --- yrs. --- mo. --- da. State --- yrs. --- mo. --- da.
 Where was disease contracted, if not at place of death?
 Former or usual residence ---

16 FILED 5/31 1919 J. H. Deary
 REGISTERED

17 PLACE OF BURIAL OR REMOVAL Burgin Cem June 1 1919
 18 NAME OF BURIAL PLACE Spidway Church
Harrodsburg Ky

Every item of information should be carefully supplied. AGE SHOULD BE STATED EXACTLY. PHYSICIAN 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.