

3890-286
11-5-21

Form V. B. 1-A-50m-1-11-21

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

File No. _____
Registered No. _____

PLACE OF DEATH
FULSKI
County _____
Vol. Pat. Coler Sta.
Inc. Town _____
Somersat Ky
City _____

Registration District No. 1205
Primary Registration District No. 2490

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give the NAME instead of street and number)

2. FULL NAME Joshua Freeman

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred Yrs. mos. ds. Now living in U. S. or foreign birth? Yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed, Divorced Married

6a. If married, widowed, or divorced, name of spouse Deola Freeman
6b. Wife of

8. DATE OF BIRTH Oct, 25th 1848

7. AGE Years 64 Months 11 Days 17

9. Trade, profession, or particular kind of work done, at present, former, bookkeeper, etc. At Home

10. Date deceased last worked at this occupation (month and year) _____ 11. Time (year) spent in this occupation _____

12. BIRTHPLACE Kentucky

13. NAME Ben Freeman

14. BIRTHPLACE N.C.

15. MOTHER NAME Abigail Freeman

16. BIRTHPLACE N.C.

17. INFORMANT Deola Freeman
Somersat Ky

18. SURVIVING MEMBERS OF FAMILY Daughter Oct, 13, 1911

19. UNDERTAKE Somersat Ky

20. FILED 10/14 31 Carroll

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct 12th 1911

I HEREBY CERTIFY, That I attended deceased from _____ to Oct 12, 1911
I last saw him on Oct 5, 1911, death is said to have occurred on the date stated above, at 1230.
The principal cause of death and related causes of importance in order of onset were as follows:

Cerebral hemorrhage

Contributory causes of importance not related to principal cause:
Arterio-sclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

22. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ date of injury _____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) C. H. Wadde M. D.

(Address) Somersat Ky

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGES 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.