

COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County PulaskiVot. Pct. Harrison 70 15

Inc. Town.....

City..... (No..... St.,..... Ward)

Registration District No. 1208Primary Registration District No. 7234

2 FULL NAME

Silas Green PitmanFile No. 8389Registered No. 1

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE White 5 Single Married
Married
Widowed
or Divorced
(Write the word)6 DATE OF BIRTH April 27, 1926
(Month) (Day) (Year)7 AGE 57 yrs. 10 mos. 6 ds. IF LESS than 1 day ____ hrs. or ____ min?8 OCCUPATION (a) Trade, profession or particular kind of work Farmer
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Ky.10 NAME OF FATHER Wm Pitman11 BIRTHPLACE OF FATHER (State or country) Georgia12 MAIDEN NAME OF MOTHER Susan Vanhooser13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Vanhooser
(Address) Pulaski Ky15 Filed Mar 10, 1926 Ottilla Hughes
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Mar 29, 1926
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from....., 192....., to....., 192.....,

that I last saw him..... alive on....., 192....., and that death occurred on the date stated above at..... m.

The CAUSE OF DEATH* was as follows:

Not definitely determined
(See back)
(Duration)..... yrs. mos. ds.

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

(Signed) R. Hughes, M. D.
Mar 3, 1926 (Address).....

*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 Cedar Point Ctry DATE OF BURIAL Mar 6 192620 UNDERTAKER Green Vanhooser's ADDRESS Pulaski Ky

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.