

Commonwealth of Kentucky  
STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

32207

1 PLACE OF DEATH  
County Warren

Vol. No. 3 Parks

7743

File No. \_\_\_\_\_

Inc. Town \_\_\_\_\_

City Richwood Ky.

Registered No. 13

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

2 FULL NAME Charles A. Austin

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
(Write the word)

6 DATE OF BIRTH May 31 1884  
(Month) (Day) (Year)

7 AGE 29 yrs. 7 mos. 7 ds. If LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Monroe Co

10 NAME OF FATHER Not known

11 BIRTHPLACE OF FATHER (State or country) Not known

12 MAIDEN NAME OF MOTHER Not known

13 BIRTHPLACE OF MOTHER (State or country) Not known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Dr. H. Gorman  
(Address) Clatsland Ky.

15 Filed Dec 4, 1912 Mary Renick  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH Dec 4 1912  
(Month) (Day) (Year)

11 I HEREBY CERTIFY, That I attended deceased from June, 1917, to Dec 4, 1912 that I last saw him alive on Dec 4, 1912 and that death occurred, on the date stated above, at 2 A. M.

The CAUSE OF DEATH\* was as follows:  
Bright Disease or Sphincter

(Duration) 5 yrs. 4 mos. 1 ds.

Contributory (Secondary) \_\_\_\_\_ (Duration) 1 yrs. 1 mos. 1 ds.

(Signed) Geo. W. Patton M. D.  
Dec 4, 1912 (Address) Clatsland Ky.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

(15) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  
At place of death... yrs... mos... ds. In the State... yrs... ds.  
Where was disease contracted, if not at place of death?  
Former or usual residence \_\_\_\_\_

16 PLACE OF BURIAL OR REMOVAL Berea DATE OF BURIAL Dec 5, 1912

17 UNDERTAKER J. G. Gatt ADDRESS Richwood Ky.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
Every item of information 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.