state tant.	CT 20 1936 BUREAU OF	BOARD OF HEALTH  /ITAL STATISTICS  ATE OF DEATH  Do not use this space.
A PERMANENT RECORD stated EXACTLY. PHYSICIANS should state statement of OCCUPATION is very important.	III	Non District No. 1.00.1 Registered No. Ward)  H. Ward. (If nonresident, give city or town and State)
CTL	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
PERMANENT ted EXACTLY.	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (MONTH, DAY, AND YEAR) SONT 22/63619
S A PE be stated act statem	Male   Negro   Uidowed  5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF	22. I HEREBY CERTIFY, That I attended deceased from  19. to 23. 19.  I last saw by a alive on 23. 19.  Death is said
INKTHIS IS d. AGE should be y classified. Exact	6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 10 th 1880  7. AGE YEARS MONTHS DAYS If LESS than 1 56 2 12 day,hrs. or	to have occurred on the date stated above, at 10 pm.  The principal cause of death and related causes of importance were as follows:  Date of enset
ADING I	8. Trade, profession, or particular kind of work done, as spinner, Janitor  9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  10. Date deceased last worked at this occupation (month and year)	Other contributory causes of importance:
TH be ca	12. BIRTHPLACE (CITY OR TOWN) Kentuckey  (STATE OR COUNTRY)  13. NAME Phillip Alexander	Certific Gererus m-
> 8 ° °	14. BIRTHPLACE (CITY OR TOWN) Ky (STATE OR COUNTRY)	What test confirmed diagnosis?
TE PLAINLY finformation sh I in plain terms,	15. MAIDEN NAME UNKNOWN  16. BIRTHPLACE (CITY OR TOWN) UNKNOWN  (STATE OR COUNTRY) UNKNOWN	Accident, suicide, or homicide?
-11-24-33 WRITE N. B.—Every item of ini CAUSE OF DEATH in	17. INFORMANT Sam Alexander (ADDRESS)  18. BURIAL, CREMATION, OR REMOVAL  PLACE LIT LIOTA DATE Sept 25	Manner of injury
00M-11-24-33 N. B.—E CAUSE (	19. UNDERTAKER RALSEY'S L'ORTUARY (ADDRESS) 16th & L'OSSAMO 20. FILED SUPE B. 1936 F. Mallefur	(Address) 2/6/4 W 200 au M.D.
. > Mo	Registrar.	1

