

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

PLACE OF DEATH
County Daviess
Vol. Pat. Parkley
Inc. Town _____
City _____ (No. _____ St. _____ Ward _____)

File No. 12173
Registered No. _____
(If death occurred in a hospital or institution, give the NAME instead of street and number.)

FULL NAME Jabner C. Robertson

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE white SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
DATE OF BIRTH Jan 6 1912
AGE 25 yrs. 16 mos. 16 ds. If LESS than 1 day... hrs. or... min.?
OCCUPATION
(a) Trade, profession, or particula kind of work _____
(b) General nature of industry business, or establishment in which employed (or employer) _____

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH 5 10 1912
(Month) (Day) (Year)
I HEREBY CERTIFY, That I attended deceased from 4:26 1912 to 6:00 1912
that I last saw him alive on 5-4 1912
and that death occured, on the date stated above, at 5 P.M.
The CAUSE OF DEATH* was as follows:
Pneumonia

BIRTHPLACE (state or country) Daviess Co Ky
PARENTS
10 NAME OF FATHER William R. Roberts
11 BIRTHPLACE OF FATHER (State or country) Daviess Co Ky
12 MAIDEN NAME OF MOTHER _____
13 BIRTHPLACE OF MOTHER (State or country) _____

(Duration) 2 yrs. _____ mos. _____ ds.
Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) V. F. D. ... M. D.
5-6 1912 (Address) Union R. H. Lohy

IF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Max. Paul Robertson
(Address) Box #1 Daviess Co

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, (1) SIGNS of INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.
(10) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPORTS OR RECENT RESIDENTS)
At place _____ In the _____
of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, if not at place of death? _____
Former or usual residence _____

FILED 6/4 1912 B. A. Henderson
REGISTRAR

PLACE OF BURIAL OR REMOVAL Parish Burial Ground DATE OF BURIAL 7 1912
UNDERTAKER W. E. Davis ADDRESS _____