

*Missed placed this one
last month 28452*

1 PLACE OF DEATH

County

Vot. Pot.

Ino. Town

City

2 FULL NAME

*Wright Kentucky
Poundersley*

Registration District No.

Primary Registration District No.

(No.

St.

File No.

Registered No.

(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 *Caucasian* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

6 DATE OF BIRTH *July 28, 1887*

7 AGE *37* yrs. *1* mos. *27* ds. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) *Ky*

PARENTS
10 NAME OF FATHER
11 BIRTHPLACE OF FATHER (State or country)
12 MAIDEN NAME OF MOTHER
13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Walter Campbell*

15 (Address) *Poundersley, Ky*
16 (Address) *221 B. Wickliffe*
17 (Address) *1191* 1919 *Wickliffe* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *9-20-1919*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *9-17-1919*, to *9-20-1919*, that I last saw him alive on *9-17-1919*, and that death occurred on the date stated above at *2130 P.M.* The CAUSE OF DEATH* was as follows: *Paralysis*

(Duration) ... yrs. ... mos. ... ds.

Contributory (SECONDARY) (Duration) ... yrs. ... mos. ... ds.
(Signed) *W. L. ...*, M. D.
Sept. 21, 1919 (Address) *Franklin, Ky*

*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, TENANTS 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 *San West End* DATE OF BURIAL *9-25-1919*
20 UNDERTAKER *Joe E. ...* ADDRESS *Evansville, Ky*

ORDER RESERVED FOR INTEREST

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