FORM V S 1-50M-12 5-20-12

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 5092 5

1 PLACE OF DEATH
County Mullenberg
Ward or Pct. #2
Inc. Town Central City
City (No. St., Ward)

Registration District No. 970
Primary Registration District No. 2495

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

2 FULL NAME Wilson G. Caton Sr.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male
4 COLOR OR RACE: White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married
6 DATE OF BIRTH: May 30th (Month) (Day) 1842 (Year)
7 AGE: 24 yrs. 8 mos. 27 ds. IF LESS than 1 day ... hrs. or ... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work: Retired Merchant (b) General nature of industry business or establishment in which employed (or employer):
9 BIRTHPLACE (State or country): Muhlenburg.

PARENTS
10 NAME OF FATHER: Wilson G. Caton
11 BIRTHPLACE OF FATHER (State or country): England, it is believed
12 MAIDEN NAME OF MOTHER: Rebecca S. Long
13 BIRTHPLACE OF MOTHER (State or country): England it is believed

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) X Delia Caton
(Address) Central City, Ky.

15 Filed Feb 9, 1917 A. L. Blandford Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Feb 7 (Month) (Day) 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from January 15, 1917, to February 7, 1917, that I last saw him alive on the 7th of Feby, 1917, and that death occurred on the date stated above at 9:30 a.m. The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. mos. 5 ds.

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

(Signed) W. T. M. Lowell, M. D.
Feby 9, 1917 (Address) Central City

*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: Fairmount
DATE OF BURIAL: Feb 8, 1917
20 UNDERTAKER: Masten Moore
ADDRESS: Central City Ky.

11—6194