

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

PLACE OF DEATH
County Mushlenberg

Vol. Pat.

Inc. Town

City Central City, Ky. (No.) (St.) (Ward)

FULL NAME William C. Keas

870

7124

File No. 12068

Registered No. 19

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

DELAY

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Male COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

DATE OF DEATH April 8, 1914
(Month) (Day) (Year)

DATE OF BIRTH May 15, 1892
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Mar. 14, 1914, to Mar. 14, 1914,

AGE 21 yrs. 10 mos. 25 ds. If LESS than 1 day ... hrs. or ... min.?

that I last saw him alive on Mar. 14, 1914, and that death occurred, on the date stated above, at 12:30 p.m.

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

The CAUSE OF DEATH* was as follows:
Organic heart disease.
Pulmonary Congestion due to mitral regurgitation.

BIRTHPLACE (State or country) Kentucky

(Duration) 2 mos. 25 ds.
Contributory Old age

10 NAME OF FATHER James Lee Keas

(Signed) J. Taylor, M.D.
April 8, 1914 (Address) Central City, Ky.

11 BIRTHPLACE OF FATHER (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Elizabeth Berkley

13 BIRTHPLACE OF MOTHER (State or country) Kentucky

(15) LENGTH OF RESIDENCE (For hospitals, institutions, transients or recent residents)
At place of death 4 mos. 25 ds. In the State 48 yrs. 10 mos. 25 ds.
Where was disease contracted, if not at place of death?
Farmer or usual residence Ohio Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Dick Bender
(Address) Central City, Ky.

15 Filed May 11, 1914 40 L. Blandford REGISTRAR

16 PLACE OF BURIAL OR REMOVAL Mt Zion DATE OF BURIAL April 9, 1914

17 UNDERTAKER Martin Moore ADDRESS Central City

* Every item of information should be carefully completed. AGE should be stated in FULL YEARS. PHYSICIANS should state CAUSE OF DEATH in plain English, so that it may be properly classified. It is important. See instructions back of certificate.