

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

PLACE OF DEATH

County MuhlenbergVot. Prec. Bremen KyInc. Town Lane City 21.22

City _____ (No. _____) St. _____ Ward _____

*FULL NAME William A. MaxwellFile No. 17929Registered No. 375

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

PERSONAL AND STATISTICAL PARTICULARS

1 SEX <u>male</u>	2 COLOR OR RACE <u>white</u>	3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (If <u>the</u> word) <u>single</u>
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4 DATE OF BIRTH
July 5, 1869
(Month) (Day) (Year)7 AGE
46 yrs. 0 mos. 20 ds.
If LESS than 1 day... hrs. or... min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work... Farmer
(b) General nature of industry business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country)
Muhlenberg Co Ky10 NAME OF FATHER
John C. Maxwell11 BIRTHPLACE OF FATHER (State or country)
Spencer Co. Mo.12 MAIDEN NAME OF MOTHER
Mary Elizabeth Sparks13 BIRTHPLACE OF MOTHER (State or country)
Bullitt Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. W. Smith(Address) Bremen Ky15 Filed July 29, 1915 M. C. Grundy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH
July 28, 1915
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from July 27, 1915, to July 28, 1915, that I last saw him alive on July 21, 1915, and that death occurred, on the date stated above, at 3:10 pm.The CAUSE OF DEATH* was as follows:
Killed instantly by
of horses hitched to wagon
wreck broken & otherwise injured
(Duration) instant deathContributory none
(SECONDARY) (Duration) _____ yrs. _____ mos. _____ ds.(Signed) C. R. Robertson, M. D.
7-29-1915 (Address) Sacramento Ky

*State the DISEASE CAUSING DEATH, or in death 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
Bremen graveyard DATE OF BURIAL
July 29, 191520 UNDERTAKER
J. B. Tucker ADDRESS
Bremen Ky