

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28684

File No.

Registered No.

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

1 PLACE OF DEATH

County MuhlenbergVot. Pct. 16Registration District No. 6843

Inc. Town

Primary Registration District No. 14

City

(No. St., Ward)

2 FULL NAME

William Mays

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Single
Married
Widowed
or Divorced
(Write the word)

6 DATE OF BIRTH Apr. 15 1924
(Month) (Day) (Year)

7 AGE 10 yrs. 6 mos. 26 ds.
IF LESS than 1
day hrs.
or min?

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

9 BIRTHPLACE
(State or country) Ky

PARENTS

10 NAME OF FATHER Sign Mays

11 BIRTHPLACE OF FATHER
(State or country) Ky.

12 MAIDEN NAME OF MOTHER Maggie Lane

13 BIRTHPLACE OF MOTHER
(State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Frank Mays(Address) Marysville Ky

15 Filed June 17 1924 Registrar Gene Trathen

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov. 11 1924
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased
from Oct. 20, 1924 to Nov. 11, 1924,
that I last saw him alive on Nov. 10, 1924,
and that death occurred on the date stated above at 277th St.

The CAUSE OF DEATH* was as follows:

Peritonitis

(Duration) yrs. mos. 7 ds.
Contributory Typhoid
(Secondary)

(Duration) yrs. mos. 3 ds.
(Signed) Chas. W. ..., M. D.
11-11, 1924 (Address) Central 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, Transients or Recent Residents)

at place of death yrs. mos. ds. State yrs. mos. ds.
Where was disease contracted,

If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

St. George Cemetery Nov 17 1924

20 UNDERTAKER ADDRESS
Home V. Co. Kenton City

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

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. STATEMENT OF OCCUPATION is a statement of OCCUPATION is every important. See instructions on back of certificate.