

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

Wilson
25811

1 PLACE OF DEATH

County **Muhlenberg**

Vot. Precinct

Ino. Town **Greenville, Ky.**

City

Registration District No. **1093**

Primary Registration District No. **2486**

(No. St., Ward)

File No.

Registered No.

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

2 FULL NAME **Samuel Ezekiel Rice**

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male**
4 COLOR OR RACE **White**
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED **Widower**
(Write the word)

6 DATE OF BIRTH **August 1, 1845**
(Month) (Day) (Year)

7 AGE **79** yrs. **2** mos. **4** ds.
IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) **Muhlenberg Co., Kentucky**

PARENTS

10 NAME OF FATHER **Thomas Jefferson Rice**

11 BIRTHPLACE OF FATHER (State or country) **Muhlenberg Co., Ky.**

12 MAIDEN NAME OF MOTHER **Susan Mary Weir**

13 BIRTHPLACE OF MOTHER (State or country) **Muhlenberg Co., Ky.**

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) **Elgan Rice**
(Address) **Greenville, Ky.**

15 Filed **11/10/24** *Ed Wickliffe*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH **October 5, 1924**
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from **July 1, 1924**, to **Oct 5, 1924**, that I last saw him alive on **Oct 5, 1924**

and that death occurred on the date stated above at **11:50 P.M.** The CAUSE OF DEATH* was as follows:
Chronic Interstitial Nephritis

(Duration) **1** yrs. mos. ds.

Contributory (SECONDARY) (Duration) **5** yrs. mos. ds.

(Signed) *Charles Wilson*, M. D.
10/5, 19**24** (Address) **Greenville**

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF 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 **Evergreen Cemetery Greenville, Ky.**

DATE OF BURIAL **10/7, 1924**

20 UNDERTAKER **Orien L. Roark**

ADDRESS **Greenville, Ky.**

N. B.—Every item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.