

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

2071

1 PLACE OF DEATH

County MuhlenbergVol. No. 709Inc. Town Greenville

City _____

Registration District No. 1099Primary Registration District No. 2496

File No. _____

Registered No. _____

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

2 FULL NAME William Edward Board

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 Single Married Widowed or Divorced (Write the word) widowed

6 DATE OF BIRTH _____ (Month) _____ (Day) _____ (Year)

7 AGE 22 yrs. - 24 mos. 24 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) Muhlenberg Co. Ky.10 NAME OF FATHER Simon Board11 BIRTHPLACE OF FATHER (State or country) Muh. Co. Ky.12 MAIDEN NAME OF MOTHER Cynthia A. Martin13 BIRTHPLACE OF MOTHER (State or country) Muh. Co. Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Simon Board(Address) Paducah Ky.Filed Jan 9 9 1924 C. B. Dickie Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 8, 1924 (Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Oct 20, 1923 to Dec 22, 1923 that I last saw him alive on Dec 22, 1923 and that death occurred on the date stated above at 1235 pmThe CAUSE OF DEATH* was as follows: Rheumatism (Duration) _____ yrs. 1 mos. 2 ds.

Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. R. Carmon, M. D. 1-14, 1924 (Address) Greenville 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 Greenville Ky. DATE OF BURIAL Jan 9, 192420 UNDERTAKER McDonald & DeWitt ADDRESS Greenville Ky.