

23460

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. _____

Registered No. _____

PLACE OF DEATH

County Washington

Vot. Pct. _____

Inc. T. _____

City Grenville Ky

Registration District No. 1093

Primary Registration District No. 2436

(No. _____ St. _____ Ward _____)
If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME William J. Ross

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) _____

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH Jan 10. 1860

7. AGE 74 Years Months Days If LESS than 1 day hrs. or min. 8 13

8. Trade, profession, or particular kind of work done, as spinner, sewer, bookkeeper, etc. Lawyer

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE Ky.

13. NAME William Ross

14. BIRTHPLACE Ky.

15. MAIDEN NAME Margaret Drake

16. BIRTHPLACE Ky.

17. INFORMANT W. C. Ross

(Address) Grenville Ky

18. BURIAL, CREMATION, OR REMOVAL Cremation Date 9/25/34

19. UNDERTAKER Grenville Funeral Home

(Address) Grenville Ky

20. FILED 9-24-34 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug. 9, 1934 to Sept 24, 1934. I last saw him alive on Sept 23, 1934. Death is said to have occurred on the date stated above, at 10 am. The principal cause of death and related causes of importance in order of onset were as follows:

Acute myocardial infarction (Myocardial) 8-9-34

121-129
Contributory causes of importance not related to principal cause:

Name of operation Myocardial infarction Date of 8-20-34
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury _____ 19 _____
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Fred M. Wilson, M. D.
(Address) Grenville, Ky.

N. B. 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 CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.