

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

26599

1 PLACE OF DEATH

County

of Mublenburg

Registration District No.

71357094

File No.

Vol. No.

26525

Primary Registration District No.

1841

Registered No.

Inc. Town

Chattanooga

(No.

St.

Ward)

Ward)

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

City

2 FULL NAME

William Stephenson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

male

4 COLOR OR RACE

*colored*5 Single
Married
Widowed
or Divorced
(Write the*status*

6 DATE OF BIRTH

Aug 29 1877

(Month)

(Day)

(Year)

7 AGE

*44 yrs. 2 mos. ds.*IF LESS than 1
day hrs.
or min?

8 OCCUPATION

(a) Trade, profession or particular kind of work
(b) General nature of industry, business or establishment in which employed (or employer)*Coal Miner*

9 BIRTHPLACE

(State or country)

Tenn

10 NAME OF FATHER

Jessie Stephenson

11 BIRTHPLACE OF FATHER

(State or country)

Tenn

12 MAIDEN NAME OF MOTHER

Ada Stephenson

13 BIRTHPLACE OF MOTHER

(State or country)

Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

James Patton

(Address)

Chattanooga, Tenn

15

Filed

Oct 31, 1923 W.F. Moore

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Oct 29 1923

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY, That I attended deceased from *Oct 15, 1923*, to *Oct 29, 1923*,that I last saw him alive on *Oct 29, 1923*, and that death occurred on the date stated above at *7:30 p.m.*

The CAUSE OF DEATH was as follows:

auto auto collision

(Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) *Leroy Willis*, M. D.
Oct 30, 1923 (Address) *Chattanooga, Tenn*

*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. 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

Worshipful 2401

DATE OF BURIAL

Oct 31, 1923

20 UNDERTAKER

James E. Long

ADDRESS

Chattanooga, Tenn

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—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.