

Form V. S. 1-A-50m-11-1-29

COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. _____

1 PLACE OF DEATH

County MuhlenbergVet. Post. West BoggsRegistration District No. 1093

Registered No. _____

Inc. Town _____

Primary Registration District No. 2434City Greenville, Kentucky

(No. _____ St., _____ Ward)

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

2 FULL NAME Joseph Chatten Stokes(a) Residence. No. North Main

St., _____ Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Widower6a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH (month, day, and year) 1/27, 18867. AGE 75 Years 11 Months 13 Days If LESS than 1 day _____ hrs. or _____ min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shop Keeper

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

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation 5012. BIRTHPLACE (city or town) Muhlenberg County
(State or country)13. NAME John Stokes14. BIRTHPLACE (city or town) Muhlenberg
(State or country)15. MAIDEN NAME Susan Reynolds16. BIRTHPLACE (city or town) Muhlenberg
(State or country)17. INFORMANT Alvin Stokes
(Address) Greenville, Kentucky18. BURIAL Evergreen Cemetery
Place Greenville, Ky. Date 1/11, 193219. UNDERTAKER Oscar P. Roark
(Address) Greenville, Kentucky20. FILED 1-11, 1932 C. B. Wickliffe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 1/19, 193222. I HEREBY CERTIFY, That I attended deceased from Feb 24, 1926 to Jan 10, 1932I last saw him alive on Jan 10, 1932, death is said to have occurred on the date stated above, at 1:30 P.m.

The principal cause of death and related causes of importance in order of onset were as follows:

Carcinoma of Prostate Gland Date of onset 192653

Contributory causes of importance not related to principal cause:

Chronic Interstitial Nephritis 1926Chronic Myocarditis 1926Name of operation ✓ Date of ✓What test confirmed diagnosis? ✓ Was there an autopsy? no23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? ✓ Date of injury 1932Where did injury occur? ✓
(Specify city or town, county, and State)Specify whether injury occurred in industry, in home, or in public place. in homeManner of injury ✓
Nature of injury ✓24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____(Signed) Charles Wilson, M. D.
(Address) Greenville, KentuckyBy M. Wells

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. All should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION very important. See instructions on back of certificate.