

Commonwealth of Kentucky
 DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

9088

1 PLACE OF DEATH
 County *Marshall*
 Vol. No. *Paradise Ky* Registration District No. *2126*
 Inc. Town Primary Registration District No. *2865*
 City (No. St., Ward) Registered No.
 2 FULL NAME *Mrs. A. J. Williams*

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female*
 4 COLOR OR RACE *White*
 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *married*
 (Write the word)
 6 DATE OF BIRTH *Don't know about just*
1837
 (Month) (Day) (Year)
 7 AGE *80* yrs. ... mos. ... ds. IF LESS than 1 day ... hrs. or ... min.?
 8 OCCUPATION
 (a) Trade, profession, or particular kind of work *Farmer*
 (b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) *Ohio*

PARENTS
 10 NAME OF FATHER *Don't know*
 11 BIRTHPLACE OF FATHER (State or country) *Don't know*
 12 MAIDEN NAME OF MOTHER *Don't know*
 13 BIRTHPLACE OF MOTHER (State or country) *Don't know*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) *S. W. Coover*
 (Address) *Reppert Ky.*

15 *Filed Mar. 27 1917. T. H. Smith*
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Mar 17 1917*
 (Month) (Day) (Year)
 17 I HEREBY CERTIFY, That I attended deceased from *Feb 24*, 1917, to *Mar 17*, 1917, that I last saw him alive on *Feb 24*, 1917, and that death occurred on the date stated above at *8 p.m.* The CAUSE OF DEATH* was as follows:
Apoplexy
 (Duration) ... yrs. ... mos. ... ds.

Contributory (SECONDARY)
 (Duration) ... yrs. ... mos. ... ds.
 (Signed) *G. G. Emswiler*, M. D.
Mar 15, 1917 (Address) *Radcliff Ky.*

*State the DISEASE CAUSING DEATH, or, in cases of 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 *Providence* DATE OF BURIAL *Mar 19 1917*
 20 UNDERTAKER *J. E. Walker* ADDRESS *Radcliff Ky.*

WRITE PLAINLY. Name of Informant, and address, and name and address of Registrar, should always be given, or their names, so that it may be possible to contact the informant, if necessary. See instructions on back of certificate.