

Commonwealth of Kentucky  
STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

1 PLACE OF DEATH  
County Muhlenberg  
Vol. No. La Home 10  
Inc. Town.....  
City..... (No.....St.,.....Ward)

Registration District No. 871  
Primary Registration District No. 7120

File No. .... 26805  
Registered No. 77

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

2 FULL NAME Bernice Amelia Williams

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) single

6 DATE OF BIRTH ..... 1 ..... (Month) (Day) (Year)

7 AGE ..... 1 ..... yrs. 4 ..... mos. .... 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 County Ky

10 NAME OF FATHER W. G. Williams

11 BIRTHPLACE OF FATHER (State or country) Logan County, Ky

12 MAIDEN NAME OF MOTHER Lura Belle Webb

13 BIRTHPLACE OF MOTHER (State or country) Logan County Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) W. G. Williams (Address) Greenville, Ky

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH Oct 5, 1914 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 24, 1914, to Oct 5, 1914, that I last saw him alive on Oct 5, 1914, and that death occurred on the date stated above at 8 A.M. The CAUSE OF DEATH was as follows:

Diphtheria  
..... (Duration) ..... yrs. .... mos. .... ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs. .... mos. .... ds. (Signed) C. B. Mester M. D. Oct 5, 1914 (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. 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 Friendship B.G. DATE OF BURIAL Oct. 6, 1914

20 UNDERTAKER McDonald & Jewell Greenville ADDRESS

Filed: Oct 6, 1914 V. H. Francis REGISTRAR

WRITE PLAINLY WITH INK. THIS IS A FREE TEST. PHYSICIANS SHOULD STATE CAUSE OF DEATH IN PLAIN TERMS, SO THAT IT MAY BE PROPERLY CLASSIFIED. See instructions on back of certificate.

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. See instructions on back of certificate.