

41581

1 PLACE OF DEATH

County *Mitchell*

Vot. Pot. *Bogges*

Ino. Town

City

Registration District No. *871*

Primary Registration District No. *7192*

(No. St., Ward)

2 FULL NAME *Bryant Williams*

File No.

Registered No.

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *white* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *widowed*
(Write the word)

6 DATE OF BIRTH *Sept 22, 1840*
(Month) (Day) (Year)

7 AGE *78 yrs. 3 mos. 8 ds.* IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work *Ex Farmer*
(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) *Webster Co. Ky*

PARENTS

10 NAME OF FATHER *Barton Williams*

11 BIRTHPLACE OF FATHER (State or country) *Ky*

12 MAIDEN NAME OF MOTHER *Don't know*

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *L P Williams*

(Address) *Greenville*

15 Filed *1/3*, 191*8* *J. O. B. Wickliffe*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Dec 30, 1918*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *July 1, 1918*, to *Dec 20, 1918*, that I last saw him alive on *Dec 20, 1918*, and that death occurred on the date stated above at *6:30 A.M.* The CAUSE OF DEATH* was as follows:

Essential Poison

(Duration) ... yrs. *6* mos. ... ds.

Contributory (SECONDARY) *Serulity*

(Signed) *P. R. Tanner* M. D.
Dec 31, 1918 (Address) *Greenville*

*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 *Jennison Chapel* DATE OF BURIAL *Dec 31, 1918*

20 UNDERTAKER *McDonald & Heath* ADDRESS *Greenville*

WRITE PLAINLY, WITH UN FADING 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.