Form V. S. 1-A
FEDERAL SECURITY AGENCY
U. S. PUBLIC HEALTH SERVICE
NATIONAL OFFICE VITAL STATISTICS

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. **19349**
Registrar's No. _275_

Registration District No. _1095_   Primary Registration District No. _2436_

1. PLACE OF DEATH:
(a) County _Muhlenberg_
(b) City or town _Greenville_
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution: _Muhlenberg Community Hospital_
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community _7 Days_
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State _KY_   (b) County _Muhl._
(c) City or town _Greenville_
(If outside city or town limits, write RURAL)
(d) Street No. _North Main_
(If rural give precinct)
(e) If foreign born, how long in U. S. A.? _____ yrs

3(a) FULL NAME _George McClellan Williams_

3(b) If veteran, Name war _____   No. _____
3(c) Social Security No. _____

4. Sex _M_
5. Color or race _W_
6(a) Single, widowed, married, divorced _widowed_
6(b) Name of husband or wife _____
6(c) Age of husband or wife if alive _____
7. Birth date of deceased _Jan 22 1863_
(Month) (Day) (Year)
8. AGE: Years _85_ Months _7_ Days _12_ If less than one day hr. ___ min. ___
9. Birthplace _KY_
10. Usual occupation _Farmer_
11. Industry or business _____

FATHER
12. Name _George Williams_
13. Birthplace _KY_

MOTHER
14. Maiden name _Sarah Williams_
15. Birthplace _Tenn_

16(a) Informant's own signature _Mrs Mack Newman_
(b) Address _Greenville, KY_

17. BURIAL, CREMATION, OR REMOVAL
Place _Evergreen_ Date _9-6_, 1948
18(a) Signature of funeral director _Parker-Hopkins-Washburn Funeral Home_
(b) Address _Greenville, KY_
19(a) _9-9-48_
(Date received by local registrar)
(b) _Marjorie Hodge_
(Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH _Sept 4_ 1948
21. I hereby certify that I attended the deceased from _29 Aug_ 1948 to _4 Sept_ 1948, that I last saw him alive on _Sept 4_ 1948, and that death occurred on the date stated above at _7:00 P._ M.
Immediate cause of death _Uremia_   DURATION _____
Due to _Renal Failure_
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations _132_
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)
While at work? _____
(e) Means of injury _____
23. Signature _Hylan H Woodson Jr._
(M. D. or other)
Address _Greenville, Ky_ Date signed _Sept 7, 1948_