

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHFile No. 14525
Registered No. 565

PLACE OF DEATH

County Muhlenberg

Vet. Pat. _____

Registration District No. 1093

Ino. Town _____

Primary Registration District No. 2936City Greenville Ky.

(No. _____ St. _____ Ward _____)

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

2. FULL NAME Joseph A. Williams

(a) Residence, No. _____

St. _____

Ward _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M4. COLOR OR RACE W5. Single, Married, Widowed
or Divorced (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of _____6. DATE OF BIRTH Mar 1, 1876

7. AGE

Years 60Months 2Days 26If LESS than
1 day.....hrs.
or.....min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sewer, bookkeeper, etc.9. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc.10. Date deceased last worked at
this occupation (month and
year) _____11. Total time (years)
spent in this
occupation _____12. BIRTHPLACE Ky.

FATHER

13. NAME Byard Williams14. BIRTHPLACE Ky.

MOTHER

15. MAIDEN NAME Martha A. Head16. BIRTHPLACE Ky.17. INFORMANT Bessie Williams(Address) Greenville, Ky.

18. BURIAL, CREMATION, OR REMOVAL

Place LocalDate 28, 3719. UNDERTAKER Greenville Funeral Home(Address) Greenville, Ky.20. FILED 5-28-37

R. R. Coulter

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 27, 193722. I HEREBY CERTIFY, That I attended deceased from
_____ to _____, 1937I last saw him alive on May 27, 1937, death is said
to have occurred on the date stated above, at 2:00 PM
The principal cause of death and related causes of importance
in order of onset were as follows:Organic Heart
DiseaseDate of
onsetContributory causes of importance not related to
principal cause: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the
following:Accident, suicide, or homicide? _____ date of injury _____ 1937

Where did injury occur? _____

(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in
public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of
deceased? _____ If no, specify _____(Signed) E. L. Yates, M. D.(Address) Greenville Ky.MARGIN RESERVED FOR BINDING
N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully entered. AGE should be stated EXACTLY. PHYSICIAN 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.