

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. **12018**
Registered No. **12018**

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

1 PLACE OF DEATH
County **Muhlenberg**
Vot. Prec. **B3**
Inc. Town **Cleanton Ky**
City (No. St. Ward)
2 FULL NAME **Lopham William**
Registration District No. **2135-194**
Primary Registration District No. **1841**

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female	4 COLOR OR RACE White	5 Single Married Widowed or Divorced (Write the word) Widow
6 DATE OF BIRTH Dec. 20 1866 (Month) (Day) (Year)		
7 AGE 66 yrs. 2 mos. 17 ds.		IF LESS than 1 day or min?
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer) Home wife		
9 BIRTHPLACE (State or country) Kentucky		
PARENTS	10 NAME OF FATHER Sam Holman	
	11 BIRTHPLACE OF FATHER (State or country) Kentucky	
	12 MAIDEN NAME OF MOTHER Bettie Tolbert	
	13 BIRTHPLACE OF MOTHER (State or country)	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) **L. L. Williams**
(Address) **Cleanton Ky**

15 Filed **4-8-1923** at **Waverly**
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
April 7 1923
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from **April 7 1923**, to **April 8 1923**, that I last saw him alive on **April 7 1923**, and that death occurred on the date stated above atm.

The CAUSE OF DEATH* was as follows:

Cerebra Hemorrhage
(Duration) yrs. mos. ds.
Contributory (Secondary)
(Duration) yrs. mos. ds.

(Signed) **J. L. Williams**, M. D.
April 8 1923 (Address) **Cleanton Ky**
State the Disease Causing Death, or, in deaths from Violence, Cause 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 yrs. mos. ds. In the State yrs. mos. d.
Where was disease contracted,
if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL
Miller G. G.
20 UNDERTAKER
J. L. Thomas
DATE OF BURIAL
April 8 1923
ADDRESS
Cleanton Ky

MARGIN RESERVED FOR INDEXING

WRITE PLAINLY, WITH UNFADING 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.