

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

1 PLACE OF DEATH

County *Muhlenberg*

Vot. Pot. *W. Cent. Road*

Ino. Town .....

City .....

Registration District No. *871*

Primary Registration District No. *7131*

(No. .... St., .... Ward)

File No. *9592*

Registered No. ....

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

2 FULL NAME *Thomas Clinton Williams*

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH *July 16, 1841*  
(Month) (Day) (Year)

7 AGE *79* yrs. *20* mos. *20* ds. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) *Simpson County Ky*

PARENTS

10 NAME OF FATHER .....

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

12 MAIDEN NAME OF MOTHER *Shoat*

13 BIRTHPLACE OF MOTHER (State or country) *Virginia*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *J. D. Williams*  
(Address) *Greeneth Ky*

15 *3* *16* *30* *Ch. Williams*  
Filed .....

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *March 6, 1920*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Nov 1, 1920*, to *March 5, 1920*, that I last saw him alive on *Nov 14, 1920*, and that death occurred on the date stated above at *10 A.M.* The CAUSE OF DEATH was as follows:

*Source Bronch Pneumonia*  
..... (Duration) ... yrs. ... mos. *5* ds.

Contributory (SECONDARY) .....

(Signed) *J. J. Dutton*, M. D.  
*March 5, 1920* (Address) *Greeneth*

\*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. State ... yrs. ... mos. ... ds.  
Where was disease contracted, if not at place of death? .....

19 PLACE OF BURIAL OR REMOVAL *Friendship* DATE OF BURIAL *3/7, 1920*

20 UNDERTAKER *Oren L. Roark* ADDRESS *Greeneth Ky*

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. E. 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.