

22995

State File No. 275
Registrar's No. 275

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

Form V. R. 1-A

DEPARTMENT OF COMMERCE
Bureau of the Census

Registration District No. 1085 Primary Registration District No. 2436

1. PLACE OF DEATH:		2. USUAL RESIDENCE OF DECEASED:	
(a) County <u>Muhlenberg</u>	(a) State <u>Ky</u>	(b) County <u>Muhlenberg</u>	
(b) City or town <u>Greenfield Ky</u>	(a) City or town <u>East Boones</u>	(If outside city or town limits write RURAL)	
(c) Name of hospital or institution: <u>Muhlenberg Community Hospital</u>	Street No. <u>East Boones</u>	(If rural give precinct)	
(d) Length of stay: In hospital or community _____ (years, months, or days)	(e) If foreign born, how long in U. S. A. _____ years		
3(a) FULL NAME <u>William M. Williams</u>		MEDICAL CERTIFICATION	
3(b) If veteran, _____	3(c) Social Security _____	20. DATE OF DEATH <u>Sept 11, 1941</u>	
Name was _____ No. _____		21. I hereby certify that I attended the deceased from <u>8-24-41</u>	
4. Sex <u>M</u>	5. Color or race <u>W</u>	to <u>9-11-41</u> 19 <u>41</u> , that I last saw him alive on	
6(a) Single, widowed, married, divorced _____		<u>9-11-41</u> and that death occurred on the date	
6(b) Name of husband or wife <u>Emma Williams</u>		stated above at <u>3:08 am</u>	
6(c) Age of husband or wife if alive _____ Years		Immediate cause of death <u>Hypertensive Heart Disease & failure</u>	DURATION
7. Birth date of deceased <u>Oct 18, 1865</u>		Due to <u>Prostatic Hypertrophy</u>	
(Month) (Day) (Year)		<u>Sensitivity</u>	
8. AGE: <u>75</u> Months _____ Days _____	If less than one day _____ min.	Other conditions: _____ (Include pregnancy within 3 months of death)	
9. Birthplace <u>Ky</u>		Major findings: _____	
10. Usual occupation _____		Of operations <u>Hypert Prostate</u>	
11. Industry or business _____		Of autopsy <u>no</u>	
MOTHER } 12. Name <u>J. W. Williams</u>		27. If death was due to external causes, fill in the following:	
FATHER } 13. Birthplace <u>Ky</u>		(a) Accident, suicide, or homicide (specify) _____	
MOTHER } 14. Maiden name <u>Ann E. Hancock</u>		(b) Date of occurrence _____	
FATHER } 15. Birthplace <u>Ky</u>		(c) Where did injury occur? In or about home, on farm, in industrial place	
16(a) Informant's own signature <u>Emma Williams</u>		In public place? _____ (Specify type of place)	
(b) Address <u>Greenville, Ky</u>		While at work? _____ (e) Means of injury _____	
17. BURIAL, CREMATION, OR REMOVAL		23. Signature <u>Dr. [Signature]</u> (M. D. or other)	
Place <u>Greenville</u> Date <u>9-12-41</u>		Address <u>Greenville, Ky</u> Date signed <u>9-11-41</u>	
18(a) Signature of funeral director <u>Greenville General Home</u>			
(b) Address <u>Greenville, Ky</u>			
19(a) <u>Sept 12, 1941</u> (Date received by local registrar)	<u>Jones Reid Lovell</u> (Registrar's Signature)		

MARGIN RESERVED FOR BINDING. Every item of information should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MARGIN RESERVED FOR BINDING

B. WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIAN'S STATEMENT OF OCCUPATION IS VERY IMPORTANT.