

1. PLACE OF DEATH

Department of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. _____

County MuhlenbergRegistered No. 85

Vot. Pct. _____

Registration District No. 1085

Inc. Town _____

Primary Registration District No. 2436City Greenville Ky(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME McHenry Willis IF VETERAN, WHAT WAR? _____(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed or Divorced (write the word) married21. DATE OF DEATH Mar. 11, 1939.5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Florrie Willis22. I HEREBY CERTIFY, That I attended deceased from Mar. 5, 1939 to Mar. 10, 1939.
I last saw him alive on Mar. 10, 1939, death is said to have occurred on the date stated above, at 7:00 a. m.
The principal cause of death and related causes of importance in order of onset were as follows:6. DATE OF BIRTH Jun. 25-1897
7. AGE Years 42 Months 1 Days 14 If LESS than 1 day..... hrs. or..... min.Broncho Pneumonia
following Influenza
Contributory causes of importance not related to principal cause:
Asthmatic
Date of onset8. Trade, profession, or particular kind of work done, as spinner, sawyer, 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.13. NAME Jesse Willis14. BIRTHPLACE Ky.15. MAIDEN NAME Georgann Wells16. BIRTHPLACE Ky.17. INFORMANT Mrs. Florrie Willis
(Address) Greenville, Ky.18. BURIAL, CREMATION, OR REMOVAL
Place Cherry Grove Date Mar. 12, 193919. UNDERTAKER Greenville Funeral Home
(Address) Greenville, Ky.20. FILED 3-12-39 J. Vance Carter
Registrar.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 _____ 19____
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 so, specify _____

(Signed) E. K. Gots, M. D.
(Address) Greenville Ky

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.