

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHFile No. **22649**

1 PLACE OF DEATH

County Madison

Vol. Pct.

Registration District No. 87Inc. Town GreenvillePrimary Registration District No. 2434

City

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

2 FULL NAME Cleveland Bull

Registered No. \_\_\_\_\_

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

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Married Widowed or Divorced (Write the word) Single

6 DATE OF BIRTH

Sept 1901  
(Month) (Day) (Year)

7 AGE

20 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

IF LESS than 1 day \_\_\_\_\_ hrs. 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)

9 BIRTHPLACE (State or country)

McLean Co.

10 NAME OF FATHER

Don't know

11 BIRTHPLACE OF FATHER (State or country)

Don't know

12 MAIDEN NAME OF MOTHER

Miss Pike

13 BIRTHPLACE OF MOTHER (State or country)

Don't know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) V. D. Vincent(Address) Greenville, Ky

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Filed 10/10/21

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## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

10-10-21  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from June, 1920, to Oct 6, 1921, that I last saw h. alive on Oct 6, 1921, and that death occurred on the date stated above at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows:

Enter Sarcoma of spinal column  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.Contributory General Enter Sarcoma  
(Secondary) (Duration) 5 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.(Signed) H. H. Whitaker, M. D.  
10/11/21, 1921 (Address) Greenville, Ky

\*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 \_\_\_\_\_ In the  
of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ d.  
Where was disease contracted,If not at place of death?  
Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Jokans Sta 10/11/21

20 UNDERTAKER ADDRESS

Oh' Park Greenville