

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

PLACE OF DEATH

County

Vol. No.

Inc. Town

City

FULL NAME

Registration District No.

Primary Registration District No.

(No.)

File No.

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 *Married*
(Write the word)

6 DATE OF BIRTH *June 11, 1889*
(Month) (Day) (Year)

7 AGE *92* yrs. *6* mos. *13* 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)
Superintendent

9 BIRTHPLACE (State or country)
Memphis, Tenn.

10 NAME OF FATHER
Isaac Ward

11 BIRTHPLACE OF FATHER (State or country)
Washington, D.C.

12 MAIDEN NAME OF MOTHER
Maude Moore

13 BIRTHPLACE OF MOTHER (State or country)
Memphis, Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Isaac Ward*
(Address) *Central City, Ky.*

15

Filed *Jan. 24, 1922* at *La Bland, Ky.*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Jan 24, 1922*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Jan 23, 1922*, to *Jan 24, 1922*, that I last saw him alive on *Jan 23, 1922*, and that death occurred on the date stated above at *2:40* p.m. The CAUSE OF DEATH* was as follows:
Apoplexy

(Duration) ... yrs. ... mos. ... ds. *1* ds.

Contributory (SECONDARY) *Senility*
(Duration) ... yrs. ... mos. ... ds. *1* ds.

(Signed) *Dr. F. W. ...* M. D.
Jan 24, 1922 (Address) *Central City, 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 of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

Deputy Hwy DATE OF BURIAL *Jan 25, 1922*

20 UNDERTAKER *W. H. ...* ADDRESS *Central City, Ky.*

WRITE PLAINLY, IN INK. THIS IS A PERMANENT RECORD

Be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.