

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

12793

1 PLACE OF DEATH
County Muhlenburg
Vot. Pct. Normandy
Inc. Town _____
City _____ (No. _____ St. _____ Ward _____)
Registration District No. _____
Primary Registration District No. 1085

File No. _____
Registered No. 1

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

2 FULL NAME William North Bennett

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Married
Married or Divorced (Write the word)
6 DATE OF BIRTH Aug 22
(Month) (Day) (Year)
7 AGE 66 yrs. 9 mos. 3 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) Ohio Co. W. Va.

10 NAME OF FATHER W. S. Bennett

11 BIRTHPLACE OF FATHER (State or country) Ohio Co. W. Va.

12 MAIDEN NAME OF MOTHER Bettie Drake

13 BIRTHPLACE OF MOTHER (State or country) Muhlenburg Co. W. Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James C. Spitzer
(Address) Central City

15 Filled May 29, 1926 W. H. H. H.
Registrar

11-3184

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 25, 1926
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 17, 1925, to May 25, 1926, that I last saw him alive on 10, 1926, and that death occurred on the date stated above at 6 P.M.

The CAUSE OF DEATH* was as follows:

Chronic Pulmonary(Duration) 2 yrs. + more ds.

Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) W. H. H. H. M. D.
May 29, 1926 (Address) Central City

*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 New Hope DATE OF BURIAL May 29, 1926

20 UNDERTAKER Woods Undertaking ADDRESS Central City

WRITE PLAINLY. THIS UNFADING INK—THIS IS A PERMANENT RECORD

N. 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.

MAKES PRESERVED FOR RECORD