

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

2182

1 PLACE OF DEATH

County Hughesburg

Vot. Pol. Hogg 197

Ino. Town L...

City ...

Registration District No. 2124

Primary Registration District No. ...

(No. ... St. ... Ward ...)

3 FULL NAME James Morrison Ridwell

File No. F

Registered No. 9

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

PERSONAL AND STATISTICAL PARTICULARS

8 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

6 DATE OF BIRTH Nov. 9, 1875
(Month) (Day) (Year)

7 AGE 46 yrs... 1 mos... 20 da. 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) Hughesburg Co., Ky.

PARENTS 10 NAME OF FATHER Lafayette Ridwell
11 BIRTHPLACE OF FATHER (State or country) Hughesburg Co., Ky.
12 MAIDEN NAME OF MOTHER Young Berryman
13 BIRTHPLACE OF MOTHER (State or country) Ohio, Ky. O.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm. Bennett
(Address) ...

15 Filed Jan. 1, 1922 A. G. Hecker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan. 1, 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 28, 1921 to Jan. 1, 1922, that I last saw him alive on Jan. 1, 1922, and that death occurred on the date stated above at 3:45 PM. The CAUSE OF DEATH was as follows:

Cancer of the Liver

(Duration) ... yrs... mos... da.
Contributory (SECONDARY) ... yrs... mos... da.
(Signed) J. R. Barnes, M. D. Jan. 1, 1922 (Address) Dr. Carrollton

(1) MEANS OF DEATH: (2) WHETHER ACCIDENTAL, SUICIDAL OR HOMICIDAL
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPORTS OR RECENT RESIDENTS)
At place of death ... yrs... mos... da. In the State ... yrs... mos... da.
Where was disease contracted, if not at place of death?
Former or usual residence ...

19 PLACE OF BURIAL OR REMOVAL West Hope DATE OF BURIAL Jan. 1, 1922

20 UNDERTAKER Martin Moore ADDRESS Carrollton

WRITE PLAIN WITH UNFADING INK--THIS IS A PERMANENT RECORD
E. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S OCCUPATION is very important. See instructions on back of certificate.