

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

Transit # 76387

1 PLACE OF DEATH

County Fayette

File No. \_\_\_\_\_

Vet. Pat. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Registered No. 44

Inc. Town \_\_\_\_\_

Primary Registration District No. 2052City Lexington(No. 2 mi. Leestown Road, St., \_\_\_\_\_ Ward)

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

2 FULL NAME W. D. Blackwell(a) Residence. No. Greenville, Kentucky, 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

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

6a. If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of Miss W. D. Blackwell

6. DATE OF BIRTH (month, day, and year) 9/24-1871

7. AGE Years 59 Months 5 Days 15 If LESS than 1 day \_\_\_\_\_ hrs. \_\_\_\_\_ or \_\_\_\_\_ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Assistant Sup Game Wardens

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (city or town) (State or country) Muhlenberg Co. Ky.

13. NAME J. B. Blackwell

14. BIRTHPLACE (city or town) (State or country) Muhlenberg Co. Ky.

15. MAIDEN NAME Mary Wyatt

16. BIRTHPLACE (city or town) (State or country) Muhlenberg Co. Ky.

17. INFORMANT (Address) J. B. Blackwell

18. BURIAL, CREMATION, OR REMOVAL Place Greenville, Ky. Date Nov. 13th, 1931

19. UNDERTAKER (Address) Kerr Bros.  
Lexington, Ky.

20. FILED 7/25/31 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) 3/11/31

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_.

I last saw him/her on \_\_\_\_\_, 19\_\_\_\_, death is said to have occurred on the date stated above, at 3:30 P.m.  
The principal cause of death and related causes of importance in order of onset were as follows:

Acute Myocarditis

Date of onset

Contributory causes of importance not related to principal cause:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

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 \_\_\_\_\_

(Signature) J. B. Blackwell  
(Address) Lexington, Ky.

plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.