

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

## 1 PLACE OF DEATH

County *Martin*Vol. Pct. *1092*Inc. Town *Greenville Ky*Registration District No. *1436*

City

(No.

St.,

Ward)

File No. ....

Registered *14386*

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

2 FULL NAME *H. T. Boyd*

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male*4 COLOR OR RACE *White*5 Single  
Married *Married*  
Widowed  
or Divorced  
(Write the word)6 DATE OF BIRTH *Jan 14 - 1861*7 AGE *62 yrs. 3 mos. - ds.*8 OCCUPATION *Mining*(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) *Hopkins Co Ky*

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *R. B. Richmond*(Address) *Greenville Ky*15 Filed *5/10/23*, 192*3**C. Burckliffe*

Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *May 14, 1923*I HEREBY CERTIFY, That I attended deceased from *Apr 2, 1923*, to *May 14, 1923*,that I last saw him alive on *May 14, 1923*, and that death occurred on the date stated above at *1206 1/2*.THE CAUSE OF DEATH<sup>1</sup> was as follows:  
*Chronic Interstitial Nephritis*(Duration) *2 yrs.* mos. ds.  
Contributory (secondary)(Signed) *Charles Wilson*, M. D.  
*5/16*, 192*3* (Address) *Greenville*<sup>1</sup>State the Disease causing death, or, in deaths from violent Cause, state the Means of Injury; and (2) whether Accidental, Suicide, or Homicide.

17 IS LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Non-Residents)

at place In the of death *...* yrs. *...* mos. *...* ds. State *...* yrs. *...* mos. *...* ds.  
Where was disease contracted,if not at place of death? *...*  
Former or usual residence18 PLACE OF BURIAL OR REMOVAL *Greenville Ky* DATE OF BURIAL *5-15, 1923*19 UNDERTAKER *McDonald & Subitt* ADDRESS *Greenville Ky*

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

A. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain language, so that it may be properly classified. Get statement of OCCUPATION very important. See instructions on back of certificate.