

## COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

## 1 PLACE OF DEATH

County Pike Co. KyVol. Pct. 55/1Registration District No. 961

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

Primary Registration District No. 25 51

City \_\_\_\_\_

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. 8953Registered No. 2075

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

2 FULL NAME William Carverin

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single  Married  Widowed  or Divorced  (Write the word)6 DATE OF BIRTH April 30 1921  
(Month) (Day) (Year)7 AGE 74 yrs. 6 mos. 17 ds. IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min?8 OCCUPATION (a) Trade, profession or particular kind of work farming  
(b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_9 BIRTHPLACE (State or country) Ill. Amer. U.S.10 NAME OF FATHER Arnest Carverin11 BIRTHPLACE OF FATHER (State or country) Ill. Amer.12 MAIDEN NAME OF MOTHER Lessie Bernhardt13 BIRTHPLACE OF MOTHER (State or country) Ill.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Abby J. Wilson(Address) Springfield15 Filed Aug 2, 1921 J. C. Wright Registrar

16 \_\_\_\_\_

17 \_\_\_\_\_

11-3194

W. G. Robinson

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 23 1921  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from April 23 1921, to April 23 1921, that I last saw him alive on April 30 1921, and that death occurred on the date stated above at 7 PM.

The CAUSE OF DEATH\* was as follows:

old age and  
embolism  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.Contributory (Secondary) \_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.(Signed) W. O. Phyllis, M. D.  
\_\_\_\_\_, 1921 (Address) \_\_\_\_\_

\*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. \_\_\_\_\_ ds.  
Where was disease contracted, \_\_\_\_\_If not at place of death? \_\_\_\_\_  
Former or  
usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Green Hill July 1, 1921

20 UNDERTAKER ADDRESS

Robert B. ...

WRITING PRESERVED FOR 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.