

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

Wilson 26600

1 PLACE OF DEATHCounty MuhlenbergVet. Post. New CantonInc. Town Greenville

City _____ (No. _____ St. _____ Ward _____)

Registration District No. 1093Primary Registration District No. 6531

File No. _____

Registered No. _____

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

2 FULL NAMEJoseph G. Chatham**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX <u>male</u>	4 COLOR OR RACE <u>white</u>	5 Single Married <u>Married</u> Widowed or Divorced (Write the word)
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6 DATE OF BIRTH June 16, 1893
(Month) (Day) (Year)7 AGE 29 yrs. 2 mos. ds.
IF LESS than 1 day _____ hrs. or _____ min?8 OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business or establishment in which employed (or employer) None9 BIRTHPLACE (State or country) Greenville Ky10 NAME OF FATHER J. D. Chatham11 BIRTHPLACE OF FATHER (State or country) Va.12 MAIDEN NAME OF MOTHER Madeline Gordon13 BIRTHPLACE OF MOTHER (State or country) Ky**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE**(Informant) J. G. Chatham(Address) Greenville Ky15 Filed 11/2/23 1923 B. Wickliffe Registrar**MEDICAL CERTIFICATE OF DEATH**16 DATE OF DEATH August 15, 1923
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1923, to Aug 15, 1923, that I last saw him alive on Aug 15, 1923, and that death occurred on the date stated above at 2 A. M.The CAUSE OF DEATH* was as follows:
Pulmonary Tuberculosis
(Duration) 5 yrs. _____ mos. _____ ds.Contributory (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.(Signed) Jan S. Wilson, M. D.
Sept 7, 1923 (Address) Greenville

*State the Disease Causing Death, or, in deaths from Violence 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 of death _____ yrs. _____ mos. _____ ds. in the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, _____If not at place of death? _____
Former or usual residence _____19 PLACE OF BURIAL OR REMOVAL Cypress Cemetery DATE OF BURIAL 8/16, 192320 UNDERTAKER Wm. L. Rank ADDRESS Greenville, Ky

CARDS RESERVED FOR INDEXING

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