

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

File No. _____
Registered No. _____

1. PLACE OF DEATH
County Muhlenberg
Vot. Pot. W. B. Rogers Registration District No. 1093
Ino. Town _____ Primary Registration District No. 4539
City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME G. W. Coleman
(a) Residence. No. _____ 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. New 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
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____
6. DATE OF BIRTH Nov. 12
7. AGE Years _____ Months 8 Days 15 If LESS than 1 day..... hrs. or min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____
11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 27, 1932
22. I HEREBY CERTIFY, That I attended deceased from May 2, 1932 to July 26, 1932
I last saw him live on July 26, 1932 death is said to have occurred on the date stated above, at 7:30 m. The principal cause of death and related causes of importance in order of onset were as follows:

Chronic Nephritis

Contributory causes of importance not related to principal cause:
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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? no If so, specify _____
(Signed) R. H. Geigebite, M. D.
(Address) Greenville, Ky.

12. BIRTHPLACE Muhlenberg
13. NAME Wm. C. Coleman
14. BIRTHPLACE Muhlenberg
15. MAIDEN NAME Rilly Ashbridge
16. BIRTHPLACE Ky.
17. INFORMANT Harold C. Coleman
(Address) Greensville, Ky. R. 1
18. BURIAL, CREMATION, OR REMOVAL
Place Unity Ch. Date July 28, 1932
19. UNDERTAKER M. B. McDonald
(Address) Greensville, Ky.
20. FILED 7/27, 1932 C. B. Wickliffe
By M. Wells

MARGIN RESERVED FOR BINDING

N. B. 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.