

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Muhlenberg
Vol. Pat. 1
Inc. Town Central City Ky
City (No. St.) Ward

870
2435

File No. 2539
Registered No. 1

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

2 FULL NAME William Pinkney Creel

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

6 DATE OF BIRTH Oct-8- 1887
(Month) (Day) (Year)

7 AGE 61 yrs. mos. ds. If LESS than 1 day... hrs. or... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Physician
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Alabama, Ala.

PARENTS
10 NAME OF FATHER Newton Creel
11 BIRTHPLACE OF FATHER (State or country) Georgia
12 MAIDEN NAME OF MOTHER Freda J. Bellinger
13 BIRTHPLACE OF MOTHER (State or country) Georgia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) B. P. Creel
(Address) Central City, Ky.

15 Filed Jan 4, 1913 by L. Blandford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH January 1, 1913
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 1, 1912, to Jan 1, 1913, that I last saw him alive on Jan 1, 1913, and that death occurred, on the date stated above, at 12:45 P.M.
The CAUSE OF DEATH* was as follows:

Paresis

(Duration) yrs. 7 mos. ds.
Contributory (SECONDARY) (Duration) yrs. mos. ds.
(Signed) D. T. Taylor M. D.
Jan 4, 1913 (Address) Central City, Ky.

*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 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 Sacramento Cemetery DATE OF BURIAL Jan 3, 1913
20 UNDERTAKER Agarli Yovan ADDRESS Central City, Ky.

WRITE PLAINLY, WITH UNFADING INK-TYPE IS A PERMANENT RECORD

2. B. - Every item of information on this certificate is carefully supplied. AGE should be stated FULLY. PHYSICIANS should state CAUSE OF DEATH in plain language, so that it may be properly classified. This statement of OCCUPATION is very important. See instructions on back of certificate.