

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

12166

PLACE OF DEATH
County Madison
City Greenwood
District No. 871
Ino. Town..... Primary Registration District No. 1130
City..... (No.) St., Ward)
FULL NAME James DeMoss

File No.
Registered No.

[If death occurred in a hospital or institution, give its NAME instead of street number.]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>E</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>widowed</u>
6 DATE OF BIRTH <u>May 22 1917</u> (Month) (Day) (Year)		
7 AGE <u>75</u> yrs. mos. ds.	IF LESS than 1 day... hrs. or... min.?	
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Lawyer</u> (b) General nature of industry, business or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country) <u>Tennessee</u>		
PARENTS	10 NAME OF FATHER <u>Mr. Humphrey J. DeMoss</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>not recalled</u>	
	12 MAIDEN NAME OF MOTHER	
	13 BIRTHPLACE OF MOTHER (State or country)	

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
May 22 1917
(Month) (Day) (Year)

17 I HERELY CERTIFY, That I attended deceased from May 1, 1917, to May 22, 1917, that I last saw him alive on May 18, 1917, and that death occurred on the date stated above at 6:30 a.m. The CAUSE OF DEATH* was as follows:

Atherosclerosis

Contributory (SECONDARY) Sclerosis
(Duration) yrs. mos. ds.

(Signed) A. Cornelius, M. D.
Apr. 24, 1917. (Address) Greenwood, 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. State yrs. mos. ds.
Where was disease contracted, if not at place of death?

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Arthur DeMoss
(Address) Greenwood, Ky.

19 PLACE OF BURIAL OR REMOVAL Reynolds B G DATE OF BURIAL May 24, 1917
20 UNDERTAKER McDonald & Smith ADDRESS Greenwood, Ky.

15 Filed 4/17, 1917. W. B. McNeill
REGISTRAR

WRITE PLAINLY, WITH NEATNESS. THIS IS A PERMANENT RECORD.
 Every item of information should be carefully supplied. Alls 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.