

PLACE OF DEATH

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

County *Mitchell*Registration District No. *271*

File No.

Inc. Town *Greenville*Primary Registration District No. *2436*

Registered No.

FULL NAME *Riley M. Dexter*No. *1* St. *1* Ward *1*

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

PERSONAL AND STATISTICAL PARTICULARS

1 SEX <i>Male</i>	4 COLOR OR RACE <i>White</i>	3 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) <i>Married</i>
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6 DATE OF BIRTH <i>Nov 3 1883</i>

7 AGE <i>34</i> yrs. <i>2</i> mos. <i>11</i> ds.	IF LESS than 1 day ... hrs. or min.?
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8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) <i>Greenville, Ky.</i>

10 NAME OF FATHER <i>Geo. M. Dexter</i>
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11 BIRTHPLACE OF FATHER (State or country) <i>McLean Co., Ky.</i>
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12 MAIDEN NAME OF MOTHER <i>Doris Marshall</i>

13 BIRTHPLACE OF MOTHER (State or country) <i>Greenville, Ky.</i>
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14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

(Address) *Greenville, Ky.*15 Filed *11/21 1921* *W. D. Wick*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH <i>January 19 1921</i>
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17 I HEREBY CERTIFY, That I attended deceased from *July 19 1920*, to *Jan 19 1921*, 19*20*, that I last saw him alive on *Jan 19 1921*, and that death occurred on the date stated above at *4:30 p.m.* The CAUSE OF DEATH* was as follows:

Chronic Myocarditis(Duration) *1* yrs. *6* mos. ds.Contributory *Chronic Interstitial Nephritis* (SECONDARY)(Duration) *1* yrs. mos. ds.(Signed) *Henry J. Slaton* M. D. *Jan 19 1921* (Address) *Greenville, 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?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

*Evergreen Cemetery**11/21 1921*

20 UNDERTAKER

ADDRESS *Greenville, Ky.*

IT SHOWS

THE UNIFORMS ARE-TIME IS A FE

WRITE PLAIN

E. B.-Every item of information should state CAUSE OF DEATH.

and EXACTLY. PHYSICIANS should state EXACT statement of dis-

in terms, so that it may be properly understood. See instructions on back of certificate.

MAILED RESERVED FOR RECORDS