

1 PLACE OF DEATH

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No.

County Mullenberg

Registered No.

Vot. Prec. West WeirRegistration District No. 1095

Inc. Town.

Primary Registration District No. 6831

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

City.

(No. St., Ward)

2 FULL NAME William Gray Faughender

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 April 20, 1839
(Month) (Day) (Year)7 AGE 85 yrs. 5 mos. 12 ds. IF LESS than 1 day ____ hrs. or ____ min?8 OCCUPATION (a) Trade, profession or particular kind of work Farmer
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Christian County, KentuckyPARENTS 10 NAME OF FATHER George Lee Faughender
11 BIRTHPLACE OF FATHER (State or country) Pittsburgh, Penna.
12 MAIDEN NAME OF MOTHER Nancy Carter Myers
13 BIRTHPLACE OF MOTHER (State or country) Christian Co., Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Hilton Myers Faughender(Address) Greenville, Ky.15 Filed Cox, 1924 W. B. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 10/3, 1924, 1924
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from 9-27, 1924, to Oct 1, 1924, that I last saw him alive on Oct 1, 1924, and that death occurred on the date stated above at 5.45 p.m.

The CAUSE OF DEATH* was as follows:

Paralysis
(Duration) ____ yrs. ____ mos. 5 ds.
Contributory (Secondary) Arteriosclerotic Process
(Duration) 2 yrs. ____ mos. ____ ds.(Signed) E. R. Galt, M. D.
10/3, 1924 (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. 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 Rice Grave Yard DATE OF BURIAL 10/4, 192420 UNDERTAKER Orion L. Roark ADDRESS Greenville, Ky.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—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.