FORM V. S. 1-100 M. 10-10-10

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

7121

File No. 11455

Registered No. ....

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

1 PLACE OF DEATH
County Muhlenburg
Vot. Pct. ....
Inc. Town So. Carrollton
City .... (No. .... St.; .... Ward)

2 FULL NAME William Lewis ~~R~~ Finch

DELAY

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

6 DATE OF BIRTH Feb-1- (Month) (Day) 1841 (Year)

7 AGE 74 yrs. 2 mos. 23 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) Ohio Co. Ky.

PARENTS

10 NAME OF FATHER W. L. Finch

11 BIRTHPLACE OF FATHER (State or country) Woodford Co. Ky

12 MAIDEN NAME OF MOTHER Reno.

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co. Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) L. R. Finch
(Address) So Carrollton Ky

15
Filed 4/24, 1915 A. L. Hacker
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 4-23, 1915 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 4-17, 1915, to 4-23, 1915, that I last saw him alive on 4-23, 1915, and that death occured, on the date stated above, at 7 a.m.

The CAUSE OF DEATH* was as follows:
Lobar Pneumonia
(3)
(Duration) ... yrs. ... mos. 4 ds.

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

(Signed) Floyd R. Foley, M.D.
........, 191... (Address) Central City

*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 So Carrollton Ky

DATE OF BURIAL 4/24, 1915

20 UNDERTAKER W. L. Hacker

ADDRESS So. Carrollton

11-6166

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.