

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

1 PLACE OF DEATH

County *Muhlenberg*Vot. Pot. *4*Ino. Town *Central City*City *Central City, Ky.*Registration Dist. *870*Primary Registration District No. *2435*

(No.)

St.,

Ward)

2 FULL NAME *James Starling Green*File No. *1 5877*Registered No. *5*
 (If death occurred in a
 hospital or institution,
 give its NAME instead of
 street and number.)

PERSONAL AND STATISTICAL PARTICULARS

 3 SEX *Male* 4 COLOR OF RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*
Ammon (Write the word)

 6 DATE OF BIRTH *Jan 26, 1844*
 (Month) (Day) (Year)

 7 AGE *76* yrs. ... mos. ... 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) *Muhlenberg County Ky*

 10 NAME OF FATHER *William Joseph Green*

 11 BIRTHPLACE OF FATHER (State or country) *Darwin County, Ky.*

 12 MAIDEN NAME OF MOTHER *Delia Vinson*

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *B. J. Green*(Address) *Central City, Ky.*
 15 Filed *2/23/1920* *A. H. Sandford* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

 16 DATE OF DEATH *February 21, 1920*
 (Month) (Day) (Year)

 17 I HEREBY CERTIFY, That I attended deceased from *Feb 17*, 19*20*, to *Feb 21*, 19*20*, that I last saw him alive on *Feb 17*, 19*20*, and that death occurred on the date stated above at *Central City, Ky.* The CAUSE OF DEATH* was as follows:
Pandemic

(Duration) ... yrs. ... mos. ... ds.

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

 (Signed) *Clarence Woodburn* M. D.
Feb 21, 1920 (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. State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

 19 PLACE OF BURIAL OR REMOVAL *Green's Chapel* DATE OF BURIAL *2/23/1920*

 20 UNDERTAKER *Martin Massey* ADDRESS *Central City, 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. Most statements of OCCUPATION is very important. See instructions on back of certificate.