Form V. S. 1—50m—8-25-23

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28689

1 PLACE OF DEATH

County Muhlenberg

Vot. Pct. Graham

Inc. Town

City Greenville R+D 1

Registration District No. 1096

Primary Registration District No.

(No. St., Ward)

File No.

Registered No. 19

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

2 FULL NAME Samuel Green

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: March (Month) 16th (Day) 1857 (Year)

7 AGE: 67 yrs. 8 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): Tenn

PARENTS

10 NAME OF FATHER: Bryant Green

11 BIRTHPLACE OF FATHER (State or country): S.C.

12 MAIDEN NAME OF MOTHER: Lodusta Winters

13 BIRTHPLACE OF MOTHER (State or country): N.C.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Wes Green

(Address) Graham

15 Filed 12/10, 192 J C Kennedy Registrar

MEDICAL CERTIFICATE OF DEATH

DELAY

16 DATE OF DEATH: 11 (Month) 15 (Day), 1924 (Year)

17 I HEREBY CERTIFY, That I attended deceased from 10/15, 1924, to 11/15, 1924, that I last saw him alive on 10/28, 1924, and that death occurred on the date stated above at 4 a.m.

The CAUSE OF DEATH* was as follows:

Cancer of Stomach

(Duration) 1 yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) A W Davis, M. D.

11/18, 1924 (Address) Madisonville 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: Pleasant Hill BG

DATE OF BURIAL: 11/16, 192

20 UNDERTAKER: O L Roark

ADDRESS: Greenville Ky

11—2184

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be given EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Each statement of OCCUPATION is very important. See instructions on back of certificate.