

Form V. S. 1-A-50m-11-1-29

COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. _____

1 PLACE OF DEATH

County MuhlenbergVet. Pct. D. B. Beyer

Inc. Town _____

City _____

Registration District No. 1093Primary Registration District No. 1035

Registered No. _____

(No. _____ St., _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Thomas Greenwood(a) Residence. No. _____ St., _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day _____ hrs. or _____ min.
49 10 108. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (city or town) (State or country) Muth Co Ky13. NAME Wm. Greenwood14. BIRTHPLACE (city or town) (State or country) Muth Co Ky15. MAIDEN NAME Susan Dukes16. BIRTHPLACE (city or town) (State or country) Muth Co Ky17. INFORMANT (Address) J. B. Greenwood
Greenwell 74th18. BURIAL, CREMATION, OR REMOVAL Place Jagal 125 Date Apr 5, 193019. UNDERTAKER (Address) M. B. McDowell
Greenwell 74th20. FILED 12-4, 1930 C. B. Wickliffe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) April 4, 193022. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1928 to Dec 4, 1930I last saw him live on Nov 11, 1928, death is said to have occurred on the date stated above, at 6:30 p. m.

The principal cause of death and related causes of importance in order of onset were as follows:

Diabetes

Date of onset

Contributory causes of importance not related to principal cause:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____ 19____

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) J. B. Wickliffe, M. D.
(Address) _____By M. Wells

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH FADING INK—THIS IS A PERMANENT RECORD. 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.

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