

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

1 PLACE OF DEATHCounty MuhlenburgVot. Pot. Martwick, Ky.

Inc. Town

City

Registration District No. 1095Primary Registration District No. 19

(No. St., Ward)

File No. 28373

Registered No.

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

2 FULL NAME Lorenzo D. Griggs**PERSONAL AND STATISTICAL PARTICULARS**

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

6 DATE OF BIRTH June 25, 1844
(Month) (Day) (Year)

7 AGE 82 yrs. 4 mos. 4 ds. IF LESS than 1 day hrs. or min?

8 OCCUPATION
(a) Trade, profession or particular kind of work none
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Va.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (State or country) Scotland

12 MAIDEN NAME OF MOTHER Unknown.

13 BIRTHPLACE OF MOTHER (State or country) Unknown.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(informant) M.H. Griggs(Address) Martwick, Ky.

15

Filed 9-29, 1926 Jan. Napier Registrar**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH October 29, 1926
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 1926, to Oct. 29, 1926, that I last saw him alive on Oct. 28, 1926, and that death occurred on the date stated above at 1:40 p.m.

The CAUSE OF DEATH* was as follows:
Chronic Nephritis

(Duration) 3 yrs. mos. ds.
Contributory ~~Presenility~~ Presenility
(Secondary)

(Duration) yrs. mos. ds.
(Signed) Geo. Lewis Everley, M. D.
10-30-, 1926 (Address) Rockport, 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 yrs. mos. ds. In the
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 Nelson DATE OF BURIAL Oct. 30, 1926

20 UNDERTAKER Arthur L. Hoesley 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 text so that it may be properly classified. E. O. statement of OCCUPATION is very important. See instructions on back of certificate.