

11108

Form V. S. 1-27-37

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

File No.
Registered No. 159

1 PLACE OF DEATH
County Muhlenberg
Vot. Pct. Central City Ky
Inc. Town Central City Ky
City (No. St., Ward)

Registration District No. 1085
Primary Registration District No. 2435
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME William H. Harris
(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 M 4 COLOR OR RACE W 6 Single M Married Widowed or Divorced (Write the word)
5a if married, widowed, or divorced HUSBAND of (or) WIFE of
6 DATE OF BIRTH (Month) (Day) (Year)
7 AGE 59 yrs. 4 mos. 8 ds. IF LESS than 1 day hrs. or min?
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work. (b) General nature of industry, business or establishment in which employed (or employer) Farmer

9 BIRTHPLACE (city or town) (State or country) Ky
PARENTS
10 NAME OF FATHER Joseph Harris
11 BIRTHPLACE OF FATHER (city or town) (State or country) Ky
12 MAIDEN NAME OF MOTHER Annie Uzzle
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ky

14 (Informant) H. Harris
(Address) Bremen, Ky.
15 Filed May 2, 1939 James Oates Registrar

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH April 23, 1939
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from April 18, 1939 to April 23, 1939, that I last saw him alive on April 18, 1939, and that death occurred on the date stated above at m. The CAUSE OF DEATH* was as follows:
apoplexy
(Duration) yrs. mos. 9 ds.
Contributory Hypertension (Secondary)
(Duration) yrs. mos. ds.

18 WHERE WAS DISEASE CONTRACTED
If not at place of death?
Did an operation precede death? Date of
Was there an autopsy?
What test confirmed diagnosis? 1939
(Signed) J. P. Walton, M. D.
April 23, 1939 (Address) Central City, Ky.

19 PLACE OF BURIAL OR REMOVAL Charley's Chapel DATE OF BURIAL 4-25, 1939
20 UNDERTAKER J. B. Baker & Son ADDRESS Bremen, 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 that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MAILED REVERSED FOR RETURN