

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

1 PLACE OF DEATH
County Muhlenberg

Vol. Pat. West Boggs 13

Inc. Town

City

(No. St. Ward)

2 FULL NAME William R. Hayes

File No. 15779

Registered 5

[If death occurred in a home or institution, give the NAME instead of street and number.]

$\frac{871}{7133}$

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 Dec 1, 1860
(Month) (Day) (Year)

7 AGE 51 yrs. 6 mos. 1 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 Co. Ky

10 NAME OF FATHER Shos W. Hayes

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Malou

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Walter Hayes

(Address) Depoy, Ky

15 Filed June 2, 1912 W. H. Brundlin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 2, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 4, 1911, to June 2, 1912, that I last saw him alive on June 2, 1912, and that death occurred, on the date stated above, at 1:25 p.m.

The CAUSE OF DEATH* was as follows:

Tuberculosis

(Duration) 3 yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) R. G. Ansbrite, M. D.

June 2, 1912 (Address) Depoy

*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 DATE OF BURIAL

Yeorgins Chappel June 2, 1912

20 UNDERTAKER ADDRESS

Shuman Mercier Depoy Ky

WRITE PLAINLY, WITH CAREFUL MEASUREMENTS IN 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 amount of OCCUPATION is very important. See instructions on back of certificate.