

1 PLACE OF DEATH

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

County *mullenberg*

CERTIFICATE OF DEATH

File No. **31593**

Vol. No. *Court House*

Registration District No. *821*

Registered No.

Ino. Town *Greenville*

Primary Registration District No.

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

City No. St., Ward

2 FULL NAME *Alva Hays*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *male* 4 COLOR OR RACE *hol* 5 SINGLE MARRIED WIDOWED OR DIVORCED *widower*
(Write the word)

16 DATE OF DEATH *Nov 17 1916*
(Month) (Day) (Year)

6 DATE OF BIRTH *Dec 4 1897*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Nov 16 1916* to *Nov 17 1916*, that I last saw him alive on *Nov 16 1916* and that death occurred on the date stated above at *P.m.* The CAUSE OF DEATH* was as follows:

7 AGE *89 yrs. 10 mos. 16 ds.* IF LESS than 1 day ... hrs. or ... min.?

Lazimie

8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry business or establishment in which employed (or employer) *Farmer*

(Duration) ... yrs. ... mos. ... ds.
Contributory (SECONDARY) *old age senility*
(Signed) *A. Coulter*, M. D.
sub 15, 1916 (Address) *Greenville*

9 BIRTHPLACE (State or country) *mullenberg*

10 NAME OF FATHER *D.K.*

11 BIRTHPLACE OF FATHER (State or country) *D.K.*

12 MAIDEN NAME OF MOTHER *Edith Saulbery*

13 BIRTHPLACE OF MOTHER (State or country) *mullenberg*

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

15 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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Fred Shelton*
(Address) *Greenville Ky*

19 PLACE OF BURIAL OR REMOVAL *Jerregin Burial yard north of* DATE OF BURIAL *Nov 18 1916*

15 Filed *11/22 1916* *C.P. Wick* REGISTRAR

20 UNDERTAKER *Joe & George* ADDRESS *Greenville*

WRITE PLAINLY WITH UNFADING 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.