

1 **PLACE OF DEATH**
Muhlenberg

County.....

Vet. Pat.

Inc. Town.....

City **Greenville****COMMONWEALTH OF KENTUCKY**
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. **1093**Primary Registration District No. **2434**

(No. St., Ward)

2 FULL NAME **Charles Mortimer Howard**File No. **25257**

Registered No.

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

PERSONAL AND STATISTICAL PARTICULARS3 SEX **Male** 4 COLOR OR RACE **White** 5 Single ☐ Married ☐ Widower ☐ or Divorced ☐ (Write the word)6 DATE OF BIRTH **November 17, 1853**
(Month) (Day) (Year)7 AGE **71** yrs. **11** mos. **4** ds. IF LESS than 1 day hrs. or min?8 OCCUPATION
(a) Trade, profession or Merchant
particular kind of work.....
(b) General nature of industry,
business or establishment in
which employed (or employer).....9 BIRTHPLACE
(State or country)
Butler County, KentuckyPARENTS
10 NAME OF FATHER **John C. Howard**
11 BIRTHPLACE OF FATHER (State or country) **Butler County, Kentucky**
12 MAIDEN NAME OF MOTHER **Amada Austin**
13 BIRTHPLACE OF MOTHER (State or country) **Butler County, Ky.**14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) **Arthur C. Howard**
(Address) **Louisville, Kentucky**15 Filed **10/27/25** 1925 **Bill Diehl** Registrar**MEDICAL CERTIFICATE OF DEATH**16 DATE OF DEATH **October 21, 1925**
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from **Aug 1**, 1925, to **Oct 21**, 1925, that I last saw him alive on **Oct 21**, 1925, and that death occurred on the date stated above at **6 a.m.**The CAUSE OF DEATH* was as follows:
Chronic Myocarditis
(Duration) **1** yrs. mos. ds.Contributory (Secondary)
(Duration) yrs. mos. ds.
(Signed) **Chas. Sullivan**, M. D.
10/21, 1925. (Address) **Greenville, 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 State yrs. mos. ds.
Where was disease contracted,
Former or usual residence19 PLACE OF BURIAL OR REMOVAL **Evergreen Cemetery Greenville, Ky.** DATE OF BURIAL **10/22**, 192520 UNDERTAKER **Green L. Roark** ADDRESS **Greenville, Ky.**

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully applied. 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.