

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

File No. **25257**

1 PLACE OF DEATH
Muhlenberg

County.....

Vet. Pat.

Registration District No. **1093**

Inc. Town.....

Primary Registration District No. **2434**City **Greenville**

(No. St., Ward)

Registered No.

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

2 FULL NAME **Charles Mortimer Howard****PERSONAL AND STATISTICAL PARTICULARS**

3 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, Kentucky

PARENTS
10 NAME OF FATHER **John C. Howard**
11 BIRTHPLACE OF FATHER (State or country) **Butler County, Kentucky**
12 MAIDEN NAME OF MOTHER **Amanda 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 **1 of 2/25 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**, 192**5**, to **Oct 21**, 192**5**, that I last saw him alive on **Oct 21**, 192**5**, 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, 192**5**. (Address) **Greenville**

*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,

If not at place of death?.....
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL **Evergreen Cemetery Greenville, Ky.** DATE OF BURIAL **10/22, 1925**

20 UNDERTAKER **Frank L. Brock** ADDRESS **Greenville, 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, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MADE BY THE BUREAU OF VITAL STATISTICS