

19186

Form V. S. 1-25m-1-4-23

1 PLACE OF DEATH

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

File No.

Registered No.

(If death occurred in a
hospital or institution,
give its NAME instead
of street and number.)County MuhlenbergVet. Pct. N. BoggsRegistration District No. 1095Inc. Town LuzernePrimary Registrar District No. 483-1

City

(No. St. Ward)

2 FULL NAME C. D. Howell

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 Single
Married married
Widowed
or Divorced
(Write the word)Malewhite

6 DATE OF BIRTH

Dec 24-1850
(Month) (Day) (Year)

7 AGE

22 yrs. 6 mos. 29 ds.IF LESS than 1
day hrs.
or min?

8 OCCUPATION

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

9 BIRTHPLACE

(State or country)

Hopkins Co. Ky10 NAME OF
FATHERJesse Howell11 BIRTHPLACE
OF FATHER
(State or country)Dart. Know12 MAIDEN NAME
OF MOTHERElena Ridley13 BIRTHPLACE
OF MOTHER
(State or country)Hopkins Co. Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Mrs. C. D. Howell

(Address)

Luzerne Ky

15

Filed

July 24/23 1923 C. D. Howell
Registrar

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

July 23, 1923
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased
from June 30, 1923, to June 28, 1923,that I last saw him alive on June 28, 1923,and that death occurred on the date stated above at 9 P. m.

The CAUSE OF DEATH* was as follows:

Arteriosclerosis
Dilated heart
(Duration) 3 yrs. 5 mos. 5 ds.Contributory
(Secondary)

(Duration) yrs. mos. ds.

(Signed) Old Edge, M. D.
July 24 1923 (Address) Luzerne 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, Trans-
ients or Recent Residents)at place yrs. mos. ds. In the
of death yrs. mos. ds. 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

Old Grave B. G. July 24, 1923

20 UNDERTAKER

ADDRESS

McDonald & Son Greenville