

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

PLACE OF DEATH  
County Washington  
Vol. Pat. Rosewood  
Inc. Town \_\_\_\_\_  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. 14677  
Registered No. 7129

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

2 FULL NAME William J. Jenkins

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

16 DATE OF DEATH April 4, 1919  
(Month) (Day) (Year)

6 DATE OF BIRTH Dec. 7th, 1946  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1919, to April 1st, 1919,

7 AGE 72 yrs. 3 mos. 27 ds. If LESS than 1 day \_\_\_\_ hrs. or \_\_\_\_ min.?

that I last saw him alive on April 1st, 1919, and that death occurred, on the date stated above, at 8:30 p.m.

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

The CAUSE OF DEATH\* was as follows:

Prostatitis  
Caused by a Fall.

9 BIRTHPLACE (State or country) Much Co Ky

(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

Contributory Information of Bladder  
(SECONDARY)

10 NAME OF FATHER John Jenkins

(Duration) \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

11 BIRTHPLACE OF FATHER (State or country) Kent

(Signed) J. H. Smittle M. D.

12 MAIDEN NAME OF MOTHER Wright

Apr 4, 1919 (Address) Greenville Ky

13 BIRTHPLACE OF MOTHER (State or country) Do not know

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(18) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

(Informant) Victor Jenkins  
(Address) Peach Creek Ky

At place of death \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds. State \_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_\_ ds.

In the

Where was disease contracted,

If not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

15 Filed 4/5, 1919 Victor Jenkins REGISTRAR

Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Smith B. G.

11-3184

20 UNDERTAKER McDonald & Devitt

DATE OF BURIAL 4/5, 1919

ADDRESS Greenville Ky

B. Every item of information 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.