

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

File No. 23512

Registered No. \_\_\_\_\_

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

1 PLACE OF DEATH  
County Wickliffe  
Vol. Pat. 1 Powderly  
Inc. Town \_\_\_\_\_  
City \_\_\_\_\_ (No. \_\_\_\_\_ St., \_\_\_\_\_ Ward)

Registration District No. 1093

Primary Registration District No. \_\_\_\_\_

2 FULL NAME William Kittinger

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Widowed  
Married Widowed  
Widowed or Divorced (Write the word)

6 DATE OF BIRTH Dec 17 1887  
(Month) (Day) (Year)

7 AGE 82 yrs. 8 mos. 28 ds. IF LESS than 1 day or \_\_\_\_\_ mo. or \_\_\_\_\_ min?

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

9 BIRTHPLACE (State or country) W. Va.

## PARENTS

10 NAME OF FATHER J. H. Kittinger

11 BIRTHPLACE OF FATHER (State or country) W. Va.

12 MAIDEN NAME OF MOTHER Elizabeth Ellis

13 BIRTHPLACE OF MOTHER (State or country) W. Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. D. Kittinger(Address) Lilledale Ky

15 Filed 9/15/28 1928 C. B. Wickliffe,  
By M. Wells Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 15 1928  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 12, 1928 to Sept 15, 1928, that I last saw him alive on Sept 12, 1928, and that death occurred on the date stated above at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows:

Apoplexy(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 4 ds.Contributory Chronic Interstitial Nephritis (Secondary)

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

(Signed) G. A. Williams M. D. 9/15 1928 (Address) Greenfield

\*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 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

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Sacramento Sept 16 1928

20 UNDERTAKER ADDRESS

J. D. Rucker Bremersy

WRITE PLAINLY. INK UNFADING INK—THIS IS A PERMANENT RECORD

EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. EX. statement of OCCUPATION is

N. B.—Every item of information should be carefully supplied. AGE should be stated in plain terms, so that it may be properly classified. EX. statement of OCCUPATION is very important. See instructions on back of certificate.

MAILED SEPTEMBER 15 1928