

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

6529

1 PLACE OF DEATH

County Muhlenberg

Vot. Pot.

Registration District No. 571

Inc. Town

Greenville 19Primary Registration District No. 4426

City

(No. P)

St.

Ward)

2 FULL NAME

Mrs. F. A. Latham

File No. ....

Registered No. ....

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

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
(Write the word)

6 DATE OF BIRTH

June 6, 1832  
(Month) (Day) (Year)

7 AGE

88 yrs. 9 mos. 24 ds.IF LESS than  
1 day ... hrs.  
or ... min.?

8 OCCUPATION

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

9 BIRTHPLACE

(State or country)

Adrian Co. Tenn.

10 NAME OF FATHER

Geo. Driskill11 BIRTHPLACE OF FATHER  
(State or country)Va.

12 MAIDEN NAME OF MOTHER

Aunie Tolson13 BIRTHPLACE OF MOTHER  
(State or country)Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Bert Williams(Address) Greenville, Tenn.

15

Filed

4/1/1921Ch. W. Nickles

REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

March 30, 1921  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from July 1, 1918, to Mar 27, 1921, that's last seen h. or alive on Mar 27, 1921, and that death occurred on the date stated above at Greenville, Tenn. The CAUSE OF DEATH\* was as follows:  
Chronic Intermittent Nephritis(Duration) 3 yrs. ... mos. ... ds.

Contributory

(SECONDARY)

(Duration) ... yrs. ... mos. ... ds.

(Signed) Opus Wilson, M. D.  
3/21/1921 (Address) Greenville, Tenn.

\*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

Pleasant Hill Bg March 31, 1921

20 UNDERTAKER

ADDRESS

McDonald & Dewitt Greenville, Tenn.

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

M. D.—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.

MARGIN RESERVED FOR BINDING