

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

1 PLACE OF DEATH

County Mullensberg

Vol. No. Court House Registration District No. 871

Ino. Town..... Primary Registration District No. 1-30

City Greenville Ky (No.) St., Ward)

2 FULL NAME Will Lewis

File No. 13833

Registered No.

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX male 4 COLOR OR RACE bol 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) married

16 DATE OF DEATH May 4, 1916
(Month) (Day) (Year)

6 DATE OF BIRTH Nov 25, 1901
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 29, 1916, to May 4, 1916, that I last saw him alive on May 4, 1916, and that death occurred on the date stated above at 7:30 a.m. The CAUSE OF DEATH¹ was as follows:
apoplexy

7 AGE 65 yrs. 4 mos. 4 ds. IF LESS than 1 day... hrs. 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) Laborer

(Duration).... yrs.... mos.... ds.
Contributory (SECONDARY) Yazuffe
(Duration).... yrs... /... mos. 20 ds.
(Signed) A. Cornelius M. D.
(Address) Greenville, Ky

9 BIRTHPLACE (State or country) Mullensberg

10 NAME OF FATHER Pity Lewis

11 BIRTHPLACE OF FATHER (State or country) Mullensberg

12 MAIDEN NAME OF MOTHER Sellia Wain

13 BIRTHPLACE OF MOTHER (State or country) Mullensberg

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Tobitha Swift
(Address) Greenville

15 Filed 5/6, 1916 by B. P. Nickliff REGISTRAR

19 PLACE OF BURIAL OR REMOVAL West End b. yd. DATE OF BURIAL May 7, 1916

20 UNDERTAKER Gas. E. George ADDRESS Greenville

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

No. 2--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S OCCUPATION is very important. See instructions on back of certificate.