

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

33081

File No.

Registered No.

1 PLACE OF DEATH

County MuhlenbergVot. Pct. W. Boggs Registration District No. 1075Inc. Town Primary Registration District No. 10858City (No. St., Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME James Burris Lill(a) Residence No. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Single
Married
Widowed
or Divorced
(Write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of6 DATE OF BIRTH 1
(Month) (Day) (Year)7 AGE IF LESS than 1
day hrs
or min?
yrs. 3 mos. 25 ds.

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work None

(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (city or town) Muhlenberg Co
(State or country)

PARENTS

10 NAME OF FATHER J. S. Lill11 BIRTHPLACE OF FATHER (city or town) Muhlenberg Co
(State or country)12 MAIDEN NAME OF MOTHER Birnie Night13 BIRTHPLACE OF MOTHER (city or town) Illinois
(State or country)14 (Informant) J. J. Lill(Address) White Plains R. #115 Filed 12/13, 1929 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 12, 1929
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased
from Dec 12, 1929, to Dec 12, 1929,
that I last saw him alive on Dec 12, 1929,
and that death occurred on the date stated above at 11 A.M.
The CAUSE OF DEATH* was as follows:Intestine Obstruction(Duration) yrs. 3 mos. 25 ds.Contributory Heart irregularities
(Secondary)

(Duration) yrs. mos. ds.

18 WHERE WAS DISEASE CONTRACTED

If not at place of death? NoneDid an operation precede death? No Date ofWas there an autopsy? NoWhat test confirmed diagnosis? No(Signed) J. C. Woodburn, M. D......, 19..... (Address) Greenwell Ky

*State the Disease Causing Death, or, in deaths from Violent Causes, state the Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Lill B.G. Dec 13, 1929

20 UNDERTAKER ADDRESS

M. C. McDonald Greenwell KyWRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms. It may be properly classified. Exact sex and occupation is very important. See instructions on back of certificate.