

1 PLACE OF DEATH

COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

25263

County MuhlenbergVot. Pat. Wm. C. B. B. B.Registration District No. 1093

Inc. Town.....

Primary Registration District No. 6832

City.....

(No.)

St.,

Ward)

2 FULL NAME John J. Lile

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

6 DATE OF BIRTH....., 1..... (Month) (Day) (Year)

7 AGE 1 yrs. 9 mos. 9 ds. IF LESS than 1 day..... hrs. or..... min?8 OCCUPATION (a) Trade, profession or particular kind of work. none (b) General nature of industry, business or establishment in which employed (or employer).....9 BIRTHPLACE (State or country) Muh. Co. Ky10 NAME OF FATHER Ethel Lile11 BIRTHPLACE OF FATHER (State or country) Don't know12 MAIDEN NAME OF MOTHER Linda Groves13 BIRTHPLACE OF MOTHER (State or country) Muh. Co. Ky14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Stator Groves(Address) Way, Ky.15 Filed 10/21/35 W. B. Wigg Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct. 20, 1935 (Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from....., 192....., to....., 192....., that I last saw h..... alive on....., 192....., and that death occurred on the date stated above at 4 A. m.

The CAUSE OF DEATH* was as follows:

Colitis
Stomach made by Stator Groves
..... (Duration) yrs. mos. ds.

Contributory (Secondary).....

(Signed) No. physician in attendance
192..... (Address).....

*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..... in the of death..... yrs. mos. ds. 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 Youngs Cemetery Oct. 21, 193520 UNDERTAKER M. B. McDonald ADDRESS Greenville

WRITE 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, and it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.