

Form V. S. 1-A—Rev—6-29-32

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

File No. \_\_\_\_\_

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

## 1. PLACE OF DEATH

County MuhlenbergVet. Post. PowderlyRegistration District No. 1045

Ins. Town \_\_\_\_\_

Primary Registration District No. 6529City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Willie Long(a) Residence. No. Muhlenberg County Infirmity 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, Married, Widowed or Divorced (write the word) Widowed

6a. If married, widowed, or divorced (indicate of (or) WIFE of \_\_\_\_\_)

## 6. DATE OF BIRTH

7. AGE 5 1 Years Months Days If LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.8. Trade, profession, or particular kind of work done, as spinner, Farmer, lawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE Logan County, Kentucky13. NAME James Long14. BIRTHPLACE Logan County15. MAIDEN NAME Unknown

16. BIRTHPLACE \_\_\_\_\_

17. INFORMANT H. C. Smith, Physician  
(Address) Greenville, Ky. RFD #218. BURIAL, CREMATION, OR REMOVAL  
Place Hayes Graveyard Date 1/13, 193319. UNDERTAKER Chas. L. Rank  
(Address) Greenville, Ky.20. FILED 1/13, 1933 By C. B. Wickliffe, Registrar  
M. Wells

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January 12, 193422. I HEREBY CERTIFY that I attended deceased from June \_\_\_\_\_, 1933 to Jan. 9 \_\_\_\_\_, 1934.I last saw him alive on Jan. 9, 1934. Death is said to have occurred on the date stated above, at 9 A. M. The principal cause of death and related causes of importance in order of onset were as follows:Cardiopathy

Contributory causes of importance not related to principal cause:

Renal

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_ 19\_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of

deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_

Signed J. C. Woodburn, M. D.(Address) Greenville, Kentucky

N. B. WRITE PLAINLY. WE UNFADING INK—THIS IS A PERMANENT PROC. EVERY ITEM OR INFORMATION SHOULD BE CAREFULLY CHECKED. AGE SHOULD BE STATED EXACTLY. PHYSICIAN 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.