

Commonwealth of Kentucky

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Muhlenberg
Vol. Pat. _____
Inc. Town Central City
City _____ (No. _____ St. _____ Ward _____)
3 FULL NAME Will Maloney

Registration District No. 870
Primary Registration Dist. No. 2435

File No. 2540
Registered No. 2

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH*

4 SEX Male
5 COLOR OR RACE African
6 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single
8 DATE OF BIRTH don't know 1872
(Month) (Day) (Year)

10 DATE OF DEATH Jan 16, 1913
(Month) (Day) (Year)

7 AGE 41 yrs. ____ mos. ____ ds.
If LESS than 1 day ____ hrs. or ____ min.?

11 I HEREBY CERTIFY, That I attended deceased from July 1st, 1912, to Jan 16, 1913, that I last saw him alive on Oct 10, 1912, and that death occurred, on the date stated above, at 4:29 p.m.

The CAUSE OF DEATH* was as follows:

9 OCCUPATION
(a) Trade, profession, or particular kind of work Elevator man Hotel
(b) General nature of industry, business, or establishment in which employed (or employer) Hotel

Cardiac asthma

10 BIRTHPLACE (State or country) Clinton - Ga

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

10 NAME OF FATHER Will Maloney

Contributory General Dropsy
(SECONDARY) _____ (Duration) ____ yrs. ____ mos. ____ ds.

11 BIRTHPLACE OF FATHER (State or country) don't know

(Signed) W. P. Van Dornell, M. D.

12 MAIDEN NAME OF MOTHER Bettie Hooge

Jan 17, 1913 (Address) Central city Ky

13 BIRTHPLACE OF MOTHER (State or country) Alabama

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(18) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death ____ yrs. ____ mos. ____ ds. In the State ____ yrs. ____ mos. ____ ds.

(Informant) J. A. Robinson
(Address) Central City Ky

Where was disease contracted, if not at place of death? _____
Former or usual residence _____

15 Filed Jan 17, 1913 A. L. Blandford REGISTRAR

19 PLACE OF BURIAL OR REMOVAL C.C. Co. Graveyard DATE OF BURIAL Jan 17, 1913

20 UNDERTAKER Martin Wood ADDRESS Central City Ky

U. S. - Every item of information should be carefully verified. AGE should be stated in full years, months and days. OCCUPATION should state the nature of the work. PLACE OF BIRTH should be stated in plain text. See instructions on back of certificate.