

COMMONWEALTH OF KENTUCKY

16849

State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County MuhlenbergCity East WingoRegistration District No. 1099

File No. _____

Registered No. _____

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

Inc. Town _____ Primary Registration District No. 6858

City _____ (No. _____ St. _____ Ward _____)

2 FULL NAME G. W. McDonald

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 Single married
Married
Widowed
or Divorced
(Write the word)6 DATE OF BIRTH July 6 1845
(Month) (Day) (Year)7 AGE 79 yrs. - mos. 14 da.
IF LESS than 1
day _____ hrs.
or _____ min?8 OCCUPATION
(a) Trade, profession or particular kind of work Retired Farmer
(b) General nature of industry, business or establishment in which employed (or employer) _____9 BIRTHPLACE (State or country) Muhlenberg Co. Ky10 NAME OF FATHER G. J. McDonald11 BIRTHPLACE OF FATHER (State or country) Virginia12 MAIDEN NAME OF MOTHER Antonia Road13 BIRTHPLACE OF MOTHER (State or country) McLean Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. G. McDonald(Address) Greenville Ky15 Filed 7/21/24 1924 C. W. Wickliffe Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 20 1924
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from May 1, 1924, to July 1, 1924that I last saw him live on July 1, 1924, and that death occurred on the date stated above at 2158 1/2

The CAUSE OF DEATH* was as follows:

Ray GangreneContributory and arteritis
(Secondary)

(Duration) _____ yrs. _____ mos. _____ da.

(Signed) G. W. Todd, M. D.
July 21 1924 (Address) Greenville Ky

*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 of death _____ yrs. _____ mos. _____ da. In the State _____ yrs. _____ mos. _____ da.Where was disease contracted,
if not at place of death?
Former or usual residence _____19 PLACE OF BURIAL OR REMOVAL Reard B. S.20 UNDERTAKER McDonald & DeWittDATE OF BURIAL July 21 1924ADDRESS Greenville

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. A.C.E. should be stated. FACTS. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. See instructions on back of certificate. very important.