

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHFile No. 16720  
Registered No. \_\_\_\_\_1 PLACE OF DEATH  
County Muhlenberg

Vot. Pct. \_\_\_\_\_

Registration District No. 1095Inc. Town GreenvillePrimary Registration District No. 2439

City \_\_\_\_\_

(No. \_\_\_\_\_ St., \_\_\_\_\_ Ward)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Mary Ann McDonald

(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 Female 4 COLOR OR RACE white 5 Single widowed  
Married  
Widowed  
or Divorced  
(Write the word)5a If married, widowed, or divorced  
HUSBAND OF Rev G B McDonald  
(or) WIFE OF \_\_\_\_\_6 DATE OF BIRTH \_\_\_\_\_  
(Month) (Day) (Year)7 AGE 75 yrs. 17 mos. 17 ds. IF LESS than 1  
day \_\_\_\_\_ hrs.  
or \_\_\_\_\_ min?8 OCCUPATION OF DECEASED  
(a) Trade, profession or particular kind of work at home  
(b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_9 BIRTHPLACE (city or town) Muhlenberg Co Ky  
(State or country)PARENTS  
10 NAME OF FATHER T. T. Walton  
11 BIRTHPLACE OF FATHER (city or town) Ky  
(State or country)  
12 MAIDEN NAME OF MOTHER Wheeler Poark  
13 BIRTHPLACE OF MOTHER (city or town) Ky  
(State or country)14 (Informant) G. McDonald  
(Address) Greenville Ky15 Filed 7/6/27, 1927 C. B. Wickiffe  
MD Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 4, 1927  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased  
from July 1, 1927, to July 4, 1927  
that I last saw him alive on July 4, 1927  
and that death occurred on the date stated above at 11 P m.  
The CAUSE OF DEATH\* was as follows:Chronic Interstitial  
NephritisContributory Chronic Colitis  
(Secondary)  
(Duration) 1 yrs. 6 mos. \_\_\_\_\_ ds.18 WHERE WAS DISEASE CONTRACTED  
If not at place of death? \_\_\_\_\_Did an operation precede death? no Date of \_\_\_\_\_Was there an autopsy? noWhat test confirmed diagnosis? Urinalysis(Signed) Caudell M. D.  
7/4, 1927 (Address) Greenville Ky

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Greenville Ky DATE OF BURIAL July 6, 192720 UNDERTAKER M B McDonald ADDRESS Greenville Ky

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 text, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.