

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Muhlenberg
Vol. No. Court House Registration District No. 871
Ino. Town..... Primary Registration District No. 7190
City..... (No.) St., Ward.....
2 FULL NAME..... William P Mitchell

File No. 13373
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 single
(Write the word)

6 DATE OF BIRTH Jan 3, 1840
(Month) (Day) (Year)

7 AGE 81 yrs. 5 mos. 27 ds. IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work. Invalid
(b) General nature of industry business or establishment in which employed (or employer) None

9 BIRTHPLACE (State or country) Tenn

PARENTS

10 NAME OF FATHER Joseph Mitchell

11 BIRTHPLACE OF FATHER (State or country) W.Va.

12 MAIDEN NAME OF MOTHER Lucy Jane Mitchell

13 BIRTHPLACE OF MOTHER (State or country) W.Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Nancy J. McWhorter
(Address) Greenville Ky

15 7/1/1921 O. B. Dickie
Filed (Date) (Signature) REGISTERER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 30, 1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar 15, 1921, to Mar 15, 1921, that I last saw him alive on Mar 15, 1921, and that death occurred on the date stated above at 10 m. The CAUSE OF DEATH* was as follows:
Paralysis.

All his life. (Duration)..... yrs..... mos..... ds.

Contributory (SECONDARY)..... (Duration)..... yrs..... mos..... ds.

(Signed) J. Henry Y. Slaton, M. D.
July 1, 1921. (Address) Greenville Ky

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state 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..... ds. In the State..... yrs..... mos..... ds.

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

19 PLACE OF BURIAL OR REMOVAL Friendship B.G. DATE OF BURIAL July 1, 1921

20 UNDERTAKER McDaniel & Dewitt ADDRESS Greenville Ky

WRITE PLAINLY, WITH UNFADING INK. THIS SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE PROPERLY OBTAINED. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.