

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Form V. S. 1-A  
DEPARTMENT OF COMMERCE  
Bureau of the Census

COMMONWEALTH OF KENTUCKY  
Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

State File No. 21031  
Registrar's No. \_\_\_\_\_

Registration District No. 85 Primary Registration District No. 2436

DELETED

1. PLACE OF DEATH:

(a) County Muhlenberg  
(b) City or town \_\_\_\_\_  
(If outside city or town limits, write RURAL)  
(c) Name of hospital or institution:  
Muhlenberg Community Hospital  
(If not in hospital or institution write street number & location)  
(d) Length of stay: In hospital or community 9 or 10  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County Muhlenberg  
(c) City or town Drakesboro  
(If outside city or town limits, write RURAL)  
(d) Street \_\_\_\_\_  
(If rural give precinct)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years

3(a) FULL NAME William Joseph Moorehead

3(b) If veteran, Name war \_\_\_\_\_ 3(c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race Negro 6(a) Single, widowed, married, divorced Married

6(b) Name of husband or wife Mary

6(c) Age of husband or wife if alive 56 Years

7. Birth date of deceased \_\_\_\_\_  
(Month) 2 (Day) 28 (Year) 1873

8. AGE: Years 81 Months 3 Days 14 If less than one day hr. \_\_\_\_\_ min.

9. Birthplace Wagon County

10. Usual occupation Coalminer

11. Industry or business \_\_\_\_\_

FATHER { 12. Name Green Moorehead

13. Birthplace Wagon County, Ky.

MOTHER { 14. Maiden name Minifred King

15. Birthplace Wagon County, Ky.

16(a) Informant's own signature Roberta Williams  
(b) Address Greenfield, Ky.

17. BURIAL, CREMATION, OR REMOVAL  
Place Brandon Date 6/13 1944

18(a) Signature of funeral director Ernest S. Elliott  
(b) Address Brandon, Ky.

19(a) June 14 44 (Date received by local registrar) (b) Tom Majorie Halper (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH June 11, 1944  
21. I hereby certify that I attended the deceased from 6-1-44 19  
to 6-11-44 19, that I last saw him alive on  
6-11-44 19, and that death occurred on the date  
stated above at 1 P.M. M.

Immediate cause of death Thrombosis DURATION \_\_\_\_\_

Due to Ch. Nephritis

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations 131B-132

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_  
Signature [Signature] (M. D. or other)  
Ernest S. Elliott Date signed 6-13-44