

## COMMONWEALTH OF KENTUCKY

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

8256

File No. \_\_\_\_\_

Registered No. 105

## 1. PLACE OF DEATH

County MuhlenbergVot. Pct. C. B. RogersInc. Town RichvilleRegistration District No. 1085Primary Registration District No. 2436

City \_\_\_\_\_

(No. \_\_\_\_\_)

St. 7474

Ward \_\_\_\_\_

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

2. FULL NAME J. C. Morgan

(a) Residence, No. \_\_\_\_\_

(Usual place of abode)

St. \_\_\_\_\_

Ward \_\_\_\_\_

(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

Male White

4. COLOR OR RACE

5. Single, Married, Widowed  
or Divorced, (write the word)  
Widowed5a. If married, widowed, or divorced  
HUSBAND of  
(or) WIFE of

6. DATE OF BIRTH

May 31, 1864

7. AGE

Years

Months

Days

If LESS than

1 day.....hrs.  
or.....min.741058. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc.Retd. Ingr. S.B. & Co.9. Industry or business in which  
work was done, as silk mill,  
sawmill, bank, etc.Sou. Bell Tel. & Tel. Co.10. Date deceased last worked at  
this occupation (month and  
year)11. Total time (years)  
spent in this  
occupation412. BIRTHPLACE Muhlenberg13. NAME W. H. Morgan14. BIRTHPLACE Muhlenberg15. MAIDEN NAME Mary Louell16. BIRTHPLACE Muhlenberg17. INFORMANT James H. Morgan, Jr.(Address) Richville, Kentucky

18. BURIAL, CREMATION, OR REMOVAL

Place So CarltonDate May 28193919. UNDERTAKER Patrick T. Gory(Address) Greenwell City20. FILED 3-28-39 James Carter

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Mar 24, 193922. I HEREBY CERTIFY, That I attended deceased from  
\_\_\_\_\_ 1935 to Mar 26, 1938I last saw him live on Mar 26, 1938, death is said  
to have occurred on the date stated above, at 2:25 p.m.  
The principal cause of death and related causes of importance  
in order of onset were as follows:Angina PectorisDate of  
onsetContributory causes of importance not related to  
principal cause:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the  
following:

Accident, suicide, or homicide? \_\_\_\_\_ date of injury \_\_\_\_\_ 19 \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in  
public place.

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of

deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_

(Signed) E. L. Tate

M. D.

(Address) Greenwell City

N. B. WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD. Every item of information 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. See Instructions on back of certificate.