

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHFile No. 211. PLACE OF DEATH
County Webster
Vot. Pot. 7847
Ino. Town Providence
City _____Registration District No. 1455
Primary Registration District No. 2578

Registered No. _____

(No. _____ St. _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME George Wakefield Morgan(a) Residence, No. Providence 14 St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)Length of residence in city or town where death occurred 13 yrs. mo. _____ da. _____
How long in U. S. if of foreign birth? yrs. mo. da. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed
or Divorced (write the word) Married21. DATE OF DEATH June 7, 19355a. If married, widowed, or divorced
HUSBAND of Anna Duncan Morgan
WIFE of _____22. I HEREBY CERTIFY, That I attended deceased from
June 5, 1935 to June 7, 1935
I saw him alive on June 6, 1935 death is said
to have occurred on the date stated above, at 2:00 A. M.
The principal cause of death and related causes of importance
in order of onset were as follows:6. DATE OF BIRTH Dec 16 18567. AGE Years 78 Months _____ Days _____
If LESS than 1 day hrs. _____
or min. _____Cerebral hemorrhage Date of onset _____8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Owner9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Hotel

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Contributory causes of importance not related to principal cause:
Arterio Sclerosis12. BIRTHPLACE Kentucky13. NAME William H. MorganName of operation no Date of _____14. BIRTHPLACE Kentucky

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME Mary E. Lovell23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? no date of injury _____ 19 _____16. BIRTHPLACE KentuckyWhere did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.17. INFORMANT Mrs G W Morgan

Manner of injury _____

(Address) Providence Ky

Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL
Place Greenville Ky June 8, 1935

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

19. UNDERTAKER E. N. Montgomerydeceased no If so specify _____(Address) Providence Ky(Signed) J. A. Bellan, M. D.20. FILED June 8, 1935 Mon J. E. Elder
Registrar.(Address) Providence Ky

EVERY ITEM OF INFORMATION SHOULD BE CAREFULLY SUPPLIED. 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.

15925