

CERTIFICATE OF DEATH

File No. _____
Registered No. 10250

1. PLACE OF DEATH

County Muhlenberg

Vet. Pat. _____

Registration District No. 107?

Inc. Town _____

Primary Registration District No. 290City Greenville(No. North Main St., _____ Ward)

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

2. FULL NAME William Thaddeus Morgan(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 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed
or Divorced (write the word) Married6a. If married, widowed, or divorced
HUSBAND of Anna Baker
(or) WIFE of _____6. DATE OF BIRTH May 6, 18807. AGE Years Months Days If LESS than
83 11 8 1 day hrs.
or min.8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc. Insurance Agency9. Industry or business in which
work was done, as silk mill,
sawmill, bank, etc. _____10. Date deceased last worked at
this occupation (month and
year) _____ 11. Total time (years)
spent in this
occupation _____12. BIRTHPLACE Muhlenberg County, Kentucky13. NAME William K. Morgan14. BIRTHPLACE Muhlenberg County, Kentucky15. MAIDEN NAME Mary Lovell16. BIRTHPLACE Muhlenberg County, Kentucky17. INFORMANT J. C. Woodburn
(Address) Greenville, Kentucky18. BURIAL _____
Place Greenville, Ky. Date 4/15, 193419. UNDERTAKER Oren L. Cook
(Address) Greenville, Kentucky20. FILED 4/15, 34 _____
Register, _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 14, 1934, 19____22. I HEREBY CERTIFY, That I attended deceased from
_____, 19____ to _____, 19____I last saw him alive on April 14, 1934, death is said
to have occurred on the date stated above, at noon m.
The principal cause of death and related causes of importance
in order of onset were as follows:ApoplexyDate of
onsetContributory causes of importance, not related to
principal cause:ArteriosclerosisName 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) J. C. Woodburn, M. D.(Address) Greenville, Kentucky

MARGIN RESERVED FOR BINDING

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. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it be properly classified. Exact statement of OCCURRENCE is very important. See instructions on back of certificate.