

COMMONWEALTH OF KENTUCKY

25261

1 PLACE OF DEATH

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No.

County MullensbergVot. Pct. West BoggsRegistration District No. 1099 6843

Registered No.

Inc. Town GreenvillePrimary Registration District No. 777

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

City..... (No..... St., Ward)

2 FULL NAME William Jesse Murphy

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX male 4 COLOR OR RACE white 5 Single Married
Married married
Widowed
or Divorced
(Write the word)16 DATE OF DEATH Aug 16, 1925
(Month) (Day) (Year)6 DATE OF BIRTH Nov 22, 1959
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased

7 AGE 68 yrs. 9 mos. 24 ds.
IF LESS than 1 day hrs. or min?from..... to....., 192.....
that I last saw alive on....., 192.....
and that death occurred on the date stated above at.....m.8 OCCUPATION
(a) Trade, profession or particular kind of work. Farmer
(b) General nature of industry, business or establishment in which employed (or employer).....

18 CAUSE OF DEATH was as follows:

9 BIRTHPLACE (State or country) TyApoplexy
Dead Suddenly
(Duration) yrs. mos. ds.

PARENTS

10 NAME OF FATHER Thomas Murphy

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

11 BIRTHPLACE OF FATHER (State or country) Ty(Signed) P. Lloyd Murphy
19..... (Address) Whitplains Ty12 MAIDEN NAME OF MOTHER Julie Sherrard

*State the Disease Causing Death, or, in deaths from violent Causes state (1) Menns of Injury; and (2) whether Accidental, Suicidal or Homicidal.

13 BIRTHPLACE OF MOTHER (State or country) Ty18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
at place yrs. mos. ds. in the of death yrs. mos. ds. State yrs. mos. ds.
Where was disease contracted,

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Charlie MurphyIf not at place of death?.....
Former or usual residence(Address) Whitplains Ty15 Filed 8/17/25 A. B. Wickliffe Registrar19 PLACE OF BURIAL OR REMOVAL. DATE OF BURIAL. Greenshopsell B. G. Aug 17, 192520 UNDERTAKER ADDRESS M. B. McHardy Greenville

NAME ENGRAVED FOR FREE

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—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. See instructions on back of certificate.