

## CERTIFICATE OF DEATH

27676

## 1 PLACE OF DEATH

County *Madison*Reg. Dist. No. *279*

Ino. Town

Primary Registration District No. *2940*

City

(No. St., Ward)

File No. ....

Registered No. ....

[If death occurred in a hospital or institution, give the NAME instead of street and number.]

2 FULL NAME *William Ledpeter Pace*

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the date) *Married*6 DATE OF BIRTH *2 7 1888*  
(Month) (Day) (Year)7 AGE *79* yrs. *8* mos. *1* ds. IF LESS than 1 day ... hrs. or ... min.?8 OCCUPATION (a) Trade, profession, or particular kind of work *Farmer* (b) General nature of industry business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) *Tennessee*10 NAME OF FATHER *Rehmond Pace*11 BIRTHPLACE OF FATHER (State or country) *Tenn*12 MAIDEN NAME OF MOTHER *Lallie Charles*13 BIRTHPLACE OF MOTHER (State or country) *Tenn*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Richard Pace*  
(Address) *Naturville Ky*15 Filed *10-8 1917* *Gordelia Howell* REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *10 8 1917*  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from *10/2*, 1917, to *10/4*, 1917, that I last saw him alive on *10/4*, 1917, and that death occurred on the date stated above at *12* m. The CAUSE OF DEATH\* was as follows: *Paralysis of Left Side*..... (Duration) ..... yrs. .... mos. .... ds.  
Contributory *Blood Clot in Brain*  
(SECONDARY) ..... (Duration) ..... yrs. .... mos. .... ds.  
(Signed) *T.R. Howell*, M. D.  
*10/8 1917* (Address) *Naturville Ky*

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death ..... yrs. .... mos. .... ds. In the State ..... yrs. .... mos. .... ds.  
Where was disease contracted, if not at place of death? .....  
Former or usual residence .....19 PLACE OF BURIAL OR REMOVAL *Judges Chapel* DATE OF BURIAL *10-8 1917*20 UNDERTAKER *J.R. Harrison* ADDRESS *Naturville Ky*