

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25412

1 PLACE OF DEATH

County *Muhlenberg*

Vet. Post *No. 2000*

Inc. Town *Greenville*

City *Greenville*

2 FULL NAME *Frank Bailey Pannell*

File No.

Registered No.

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

Registration District No. *821*

Primary Registration District No. *2436*

(No. St., Ward)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *Single*

6 DATE OF BIRTH *Nov. 4, 1864*
(Month) (Day) (Year)

7 AGE *50 yrs. 11 mos. 25 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) *Muhlenberg County*

10 NAME OF FATHER *John D. Pannell*

11 BIRTHPLACE OF FATHER (State or country) *Folk County*

12 MAIDEN NAME OF MOTHER *Deluda Ann Walker*

13 BIRTHPLACE OF MOTHER (State or country) *Kentucky*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *James P. Pannell*

(Address) *Greenville, Ky.*

15 Filed *10/20, 1915* *L. B. West* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Oct. 29, 1915*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Oct. 28, 1915*, to *Oct. 29, 1915*, that I last saw him alive on *Oct. 29, 1915*, and that death occurred on the date stated above at *6.4 a.m.* The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) yrs. mos. *1* ds.

Contributory (SECONDARY) *Epilepsy*

(Signed) *J. H. ...*, M. D. *Oct. 29, 1915* (Address) *Greenville, 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) In the State yrs. mos. ds.

At place of death yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Green Cemetery* DATE OF BURIAL *10/30, 1915*

20 UNDERTAKER *Oren L. Roark* ADDRESS *Greenville, Ky.*

MACHINE REPRODUCED FOR INDEXING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
B. 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 statements of OCCUPATION is very important. See instructions on back of certificate.

1915
10/20