

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County Muhlenberg

Vot. Pot. East Boggs 17

Inc. Town _____

City Greenville (No. 871 243 B)

St. _____ Ward _____

File No. 13574

Registered No. 17

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

FULL NAME P. A. Pritchett

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE Black SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Write the word)

DATE OF BIRTH May 2, 1912
(Month) (Day) (Year)

AGE X yrs. X mos. 1 ds. If LESS than 1 day ____ hrs. or ____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work None
(b) General nature of industry business, or establishment in which employed (or employer)

BIRTHPLACE (State or country) Greenville, Ky.

10 NAME OF FATHER Bert Young

11 BIRTHPLACE OF FATHER (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Maggie Pritchett

13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Jane Pritchett
(Address) Greenville, Ky.

Filed May 3, 1912 W. H. Evans REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 3, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 2, 1912, to June, 1912, that I last saw him alive on May 2, 1912, and that death occurred, on the date stated above, at 5 A.M.

The CAUSE OF DEATH* was as follows:
Stroke

(Duration) ____ yrs. ____ mos. ____ ds.

Contributory (SECONDARY) None
(Duration) ____ yrs. ____ mos. ____ ds.

(Signed) T. J. Stator, M. D.
May 3, 1912 (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)
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 Greenville, Ky. DATE OF BURIAL May 3, 1912

20 UNDERTAKER Oren L. Roark ADDRESS Greenville, Ky.

M. D.—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.