

19732

File No. _____

PLACE OF DEATH

County

Muhlenberg

Vot. Prec.

Martwick

Registration District No.

1095-6844

Registered No.

19

Ine. Town _____

Primary Registration District No. 19

City _____

(No. _____ St., _____ Ward)

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

2. FULL NAME

William Red Reddish

(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 yrs. mos. ds.

New long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W. 5. Single, Married, Widowed or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND or (or) WIFE of _____

6. DATE OF BIRTH Oct 14 1937

7. AGE

Years

Months

Days

If LESS than 1 day hrs. or min.

9 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Infant

9. 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 Ky.13. NAME Tom Reddish14. BIRTHPLACE Ky.15. MAIDEN NAME Mabel Frame16. BIRTHPLACE Ky.17. INFORMANT Med. Frame(Address) Martwick Ky.

18. BURIAL, CREMATION, OR REMOVAL

Place NelsonDate Aug 719. 193319. UNDERTAKER Arthur J. Prosser(Address) Central City Ky.20. FILED 8-7-1933Dan Nagin

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug 7, 193322. 7-31- HEREBY CERTIFY that I attended deceased from 1930 to 8-6-, 1933I last saw he alive on 8-3-, 1933, death is said to have occurred on the date stated above, at 1 a. m. The principal cause of death and related causes of importance in order of onset were as follows:Cholitis

Date of onset

Contributory causes of importance not related to principal cause:

Name 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) Geo. L. Purley

M. D.

(Address) Rockport, Ky.

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. 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.