

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 23068

Registered No. _____

1. PLACE OF DEATH

County MuhlenbergVet. Post. MartwickRegistration District No. 1095

Inc. Town _____

Primary Registration District No. 6845

City _____

(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME William Anthony Reddish(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. Now long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Married6a. If married, widowed, or divorced
Husband of Mary A. Rash
(or) Wife of _____6. DATE OF BIRTH December 25, 18757. AGE 64 Years Months Days If LESS than 1 day hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Coal Miner

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 Jefferson County, Kentucky13. NAME George Reddish14. BIRTHPLACE Unknown15. MAIDEN NAME Unknown16. BIRTHPLACE Unknown17. INFORMANT Thomas Reddish
(Address) Martwick, Kentucky18. BURIAL Greenwood
Place Nelson, Ky. Date 9/23, 193519. UNDERTAKER Central Bank
(Address) Greenville, Kentucky20. FILED Oct 2, 1935 Don Toppie
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September 22, 1935, 19____22. I HEREBY CERTIFY, That I attended deceased from 9-20-35, 19____ to 9-22, 1935I last saw h. alive on _____, 19____, death is said to have occurred on the date stated above, at 3:10 A.M.
The principal cause of death and related causes of importance in order of onset were as follows:Arteriosclerosis
(Paralyzed)
77
Contributory causes of importance not related to principal cause:

Date of onset

70
agoName 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) J. H. [Signature], M. D.(Address) Carroll City Ky

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY. UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully stated. 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.