

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

11819

1 PLACE OF DEATH

County *Muhlenberg*

Vot. Pot. *Rosewood*

Ino. Town

City

Registration District No. *2149*

Primary Registration District No.

(No.

St.,

File No.

Registered No.

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

2 FULL NAME *Willie T. F. Skipworth*

DELAY

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *male* 4 COLOR OR RACE *white* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *married*
(Write the word)

16 DATE OF DEATH *Feb 3, 1919*
(Month) (Day) (Year)

6 DATE OF BIRTH *Apr 26, 1856*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Feb 1st*, 1919, to *Feb 1st*, 1919, that I last saw him alive on *Feb 1st*, 1919, and that death occurred on the date stated above at m. The CAUSE OF DEATH* was as follows:

7 AGE *62 yrs. 9 mos. 27 ds.* IF LESS than 1 day ... hrs. or ... min.?

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

8 OCCUPATION (a) Trade, profession, or particular kind of work *Farming* (b) General nature of industry business or establishment in which employed (or employer)

Fatal Myocardial
..... (Duration) yrs. mos. ds.

9 BIRTHPLACE (State or country) *Muhlenberg Co. Ky*

Contributory (SECONDARY) (Duration) yrs. mos. ds.

10 NAME OF FATHER *Ira Skipworth*

(Signed) *G. H. Wrae*, M. D.
Feb 4, 1919 (Address) *Greenville Ky*

11 BIRTHPLACE OF FATHER (State or country) *Tenn*

12 MAIDEN NAME OF MOTHER *Cynthia Perkins*

13 BIRTHPLACE OF MOTHER (State or country) *Muh. Co. Ky*

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

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

(Informant) *W. R. Skipworth*
(Address) *Greenville Ky*

19 PLACE OF BURIAL OR REMOVAL *Skipworth Ky* DATE OF BURIAL *Feb 11, 1919*

20 UNDERTAKER *McDonald Health* ADDRESS *Greenville Ky*

15 Filed *4/5, 1919* *V. C. Perkins* REGISTRAR

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 understood. Exact placement of OCCUPATION is very important. Instructions on back of certificate.