

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

13802

1 PLACE OF DEATH

County Muhlenberg

Vet. Post

Registration District No. 1087

Inc. Town

Central CityPrimary Registration District No. 2435

City

(No. St. Ward)

File No.

Registered No. 19

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

2 FULL NAME William Henry Smith

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Black 5 Single Married  
Married  
Widowed  
or Divorced  
(Write the word)6 DATE OF BIRTH Aug 25, 1889  
(Month) (Day) (Year)7 AGE 36 yrs. 7 mos. 26 ds.  
IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min?8 OCCUPATION  
(a) Trade, profession or particular kind of work  
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Ky10 NAME OF FATHER Phillip Smith11 BIRTHPLACE OF FATHER (State or country) W. Va.12 MAIDEN NAME OF MOTHER Sallie Hampton13 BIRTHPLACE OF MOTHER (State or country) Ky14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Mr. William H. Smith(Address) Central City KyFiled 5/15, 1926 - A. L. Suesper Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 20, 1926  
DEATH (Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from 4-18, 1926, to 4-20, 1926, that I last saw him alive on 4-17, 1926, and that death occurred on the date stated above at home.The CAUSE OF DEATH\* was as follows:  
Tuberculosis (Pulmonary)(Duration) 1 yrs.  mos.  ds.Contributory (Secondary)  
(Duration)  yrs.  mos.  ds.(Signed) 7 7 July, M. D. 4-20, 1926 (Address) Central City 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 residence19 PLACE OF BURIAL OR REMOVAL Crawford cemetery DATE OF BURIAL April 23 192620 UNDERTAKER Arthur L. Moseley ADDRESS Central City Ky11-516  
5/19/26

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. 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 statement of OCCUPATION is very important. See instructions on back of certificate.

FATHERS REGISTERED FOR SERVICE