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-WRITE PLAINLY, WITH ADDING INK-THIS IS A PERMANENT RECORD. Every should be carefully supplied. XGE should be stated EXACTLY. PHYSICIANS should state plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very tions on back of certificate.
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		•	morta 12	384
Form V. S. 1-A-50m-11-1-29 1 PLACE OF DEATH Muhlenberg	COMMONWEALTH State Board BUREAU OF VITA CERTIFICATE	of Health LL STATISTICS		
Vot. Pot. West Boggess	Registration District N	1633	Registered No	
Inc. Town Cr. 1310 City Greenville	(No(If death occurred in a ho	9 ¢	ward) ve its NAME instead of street	and number
2 FULL NAME Green Baxter (a) Residence. No. Oak Street		St., Ward		
(Usual place of abode) Length of residence in city or town where death occ		(If i ds. How long in U, S., if	nonresident, give city or town a lefforeign birth? yrs. mes	
PERSONAL AND STATISTICAL		MEDICAL	. CERTIFICATE OF DEATH	9A 1046
	ngle, Married, Widowed Divorced (write the word) lower	21. DATE OF DEATH 22. I HEREBY CI January	(month, day, and year) ERTIFY, That I attended decrease in the standard decrease in the standar	20, 1932 regued from
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of		I last saw halive	on May 20 , 1932 19 the date stated above, at 1 3	jeath is said
6. DATE OF BIRTH (month, day, and		The principal cause of in order of onset wer	of death and related causes of	importance
7. AGE Years Months 9 1 7	Days if LESS than 1 dayhrs. ormin.			onset
1 0 State and color or continue		WAROULG INITE	mmation of Postate	
kind of work done, as epinner, sawyer, bookkeeper, etc. 9. Industry or business in which	par ser			
work was done, as slik mill, saw mill, bank, etc	Total time (years)	Contributory causes of principal cause:	of importance not related to	
year)	occupation		· · · · · · · · · · · · · · · · · · ·	
12. BIRTHPLACE (city or town) 16 (State or country)	DO, KY.			
13. NAME SCOTT Stewart		Name of operation		
14. BIRTHPLACE (city or town) (State or country)Hopkins County			diagnosis?Was there an a control causes (violence) fill	
13. NAME Scott Stewart 14. BIRTHPLACE (city or town) (State or country)Hopkins C 15. MAIDEN NAME Dobe Winst 16. BIRTHPLACE (city or town) (State or country), Hopkins		following: Accident, suicide, or	homicide?Date of injury	
			Specify city or town, county, iry occurred in industry, in h	
17. INFORMANT Greenville, K	entucký	Manner of injury		
18. BURIAL, CREMATION, OR REMO	5/22, 1932 19	Nature of Injury		
19. UNDERTAKER COLLAND (Address) Greenville, Kent	MARK		jury in any way related to occupy, specify.	cupation of
20. FILED 523c , 1932	P Plate Cr	(Signed) GP	eenville, Kentuaky	∠, w. d.
	() A. D. S.	J		