

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

*Dr. Hunter Peake*

1 PLACE OF DEATH

County *Jefferson*

Vol. No. ....

Registration District No. *550*

File No. *2116*

Registered No. *2682*

Inc. Town *Louisville*

Primary Registration District No. *2275*

City *Louisville*

(No. *Deaconess Hospital*) ..... Ward

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

2 FULL NAME *William Tyldesley*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

8 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*  
(Write the word)

16 DATE OF DEATH *Aug. 5 1914*  
(Month) (Day) (Year)

6 DATE OF BIRTH *Don't Know*, 1  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from *Aug. 1<sup>st</sup>*, 1914, to *Aug 5*, 1914, that I last saw him live on *Aug 5*, 1914, and that death occurred on the date stated above at *10:45* a.m. The CAUSE OF DEATH\* was as follows:

7 AGE *About 58* yrs. .... mos. .... ds. IF LESS than 1 day ... hrs. or ... min.?

*Pneumonia following Anesthesia*  
(Duration) .... yrs. .... mos. .... ds.

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

Contributory *nervous + mental breakdown*  
(SECONDARY) (Duration) .... yrs. .... mos. .... ds.  
(Signed) *J. Hunter Peake* M. D.  
*Aug 5*, 1914. (Address) *Stark Rd.*

9 BIRTHPLACE (State or country) *England*

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

10 NAME OF FATHER *Don't Know*

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR REGENT RESIDENTS)  
At place of death .... yrs. .... mos. .... ds. in the State .... yrs. .... mos. .... ds.

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

12 MAIDEN NAME OF MOTHER *Nancy Darbysh*

13 BIRTHPLACE OF MOTHER (State or country) *England*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Sam Tyldesley*  
(Address) *Locust City, Ky.*

Where was disease contracted, if not at place of death? .....  
Former or usual residence *Central City, Ky.*

15 AUG 6 1914  
FILED *W. E. Peay*  
REGISTRAR

19 PLACE OF BURIAL OR REMOVAL *Central City, Ky.* DAY OF BURIAL *Aug 5<sup>th</sup>*, 1914.  
20 UNDERTAKER *Lee E. Cralle* ADDRESS *600 W. Chest*

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGES 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.