

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

12635

File No.

Registered No. 58

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

1 PLACE OF DEATH

County Muhlenberg

Vot. Pct.

Inc. Town Central City

City

Registrar District No. 1087Primary Registration District No. 5435

(No. St., Ward)

2 FULL NAME William Franklin Tyson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Married Widowed or Divorced (Write the word)6 DATE OF BIRTH June 20, 1952
(Month) (Day) (Year)7 AGE 73 yrs. 11 mos. 29 ds.
IF LESS than 1 day hrs. or min?8 OCCUPATION
(a) Trade, profession or particular kind of work. Farmer
(b) General nature of industry, business or establishment in which employed (or employer).9 BIRTHPLACE (State or country) Kentucky10 NAME OF FATHER Walter M. Tyson11 BIRTHPLACE OF FATHER (State or country) Kentucky12 MAIDEN NAME OF MOTHER Sara Murrer13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) L. H. Tyson(Address) Central City Ky15 Filed 7 1924 at P. L. Blandford Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 22, 1924
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from May 1, 1924, to May 22, 1924, that I last saw him alive on May 19, 1924, and that death occurred on the date stated above at

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

(Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.
(Signed) Harry J. Lester, M. D.
May 22, 1924 (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. State yrs. mos. ds.
Where was disease contracted,

if not at place of death?

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Public Vault May 23, 192420 UNDERTAKER Moore Ford Co ADDRESS Central CityWRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
2. B.—Every item of information to be carefully supplied. AGE should be EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain so that it may be properly classified. statement of OCCUPATION is very important. See instructions on back of certificate.