

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19198

File No.

Registered No. 10

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

1 PLACE OF DEATH

County MuhlenbergVet. Pct. Graham,

Inc. Town.....

City.....

Registration District No. 1096

Primary Registration District No.....

(No. St., Ward)

2 FULL NAME William David Tyson.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Married Widowed or Divorced (Write the word) Single

6 DATE OF BIRTH August 22, 1924
(Month) (Day) (Year)

7 AGE 1 yrs. 10 mos. 20 ds. IF LESS than 1 day hrs. or min?

8 OCCUPATION
(a) Trade, profession or particular kind of work None.
(b) General nature of industry, business or establishment in which employed (or employer).....

9 BIRTHPLACE (State or country) Graham, Ky.

PARENTS

10 NAME OF FATHER Marshall Tyson

11 BIRTHPLACE OF FATHER (State or country) Kentucky.

12 MAIDEN NAME OF MOTHER Fannie Vincent

13 BIRTHPLACE OF MOTHER (State or country) Kentucky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Marshall Tyson.(Address) Graham, Ky.

15 Filed 8/10, 1924 J. C. Kennerly
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 12th, 1924
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 7-7, 1924, to 7-12, 1924, that I last saw him alive on 7-12, 1924, and that death occurred on the date stated above at.....m.

The CAUSE OF DEATH* was as follows:

Cholera Infantum
(Duration) yrs. mos. 6 ds.

Contributory (Secondary).....
(Duration)..... yrs. mos. 5 ds.

(Signed) R. G. Longabate, M. D.
July 13th 24 (Address) Depoy, 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 in the
of death..... yrs. mos. ds. State..... yrs. mos. ds.
Where was disease contracted,

If not at place of death?.....
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Unity Near Graham, DATE OF BURIAL July 13th 24

20 UNDERTAKER R. J. Beard ADDRESS Graham, Ky.