FORM V S 1-5000M. 2-29-12

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Muhlenburg

Vot. Pct. West Court Hall Registration District No. 871 File No. 19275

Inc. Town .... Primary Registration District No. 7131 Registered No. 31

City .... (No. .... St., ... Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Wyatt W. Walker

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: April 10, 1878 (Month) (Day) (Year)

7 AGE: 36 yrs. 2 mos. 24 ds. IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work: Farming
(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country): Muhlenburg County, Ky

PARENTS

10 NAME OF FATHER: Jones Walker

11 BIRTHPLACE OF FATHER (State or country): Not Known

12 MAIDEN NAME OF MOTHER: Mirandy Wells

13 BIRTHPLACE OF MOTHER (State or country): Muhlenburg Co. Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Paley Dukes

(Address) Weir, Ky

15

Filed July 7, 1914 V. H. Franklin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July 4, 1914 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 1, 1914, to July 3, 1914, that I last saw him alive on July 3, 1914, and that death occurred on the date stated above at 6 P. m. The CAUSE OF DEATH* was as follows:

Tuberculosis of Lungs

(Duration) 4 yrs. ...... mos. ...... ds.

Contributory (SECONDARY) ....

(Duration) ...... yrs. ...... mos. ...... ds.

(Signed) F. C. Grace, M. D.

July 4, 1914 (Address) Haley's Mill, 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 residence ....

19 PLACE OF BURIAL OR REMOVAL: Cherry Grove B. G. DATE OF BURIAL: July 5, 1914

20 UNDERTAKER: McDonald & Dexter ADDRESS: Greenville, Ky

11—3154

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. THIS IS A PERMANENT RECORD