FORM V S 1-50CM 2-29-13

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Muhlenburg

Vot. Pct. Nelson

Inc. Town Ky

City

Registration District No.

Primary Registration District No. 7139

(No. St., Ward)

File No. 31788

Registered No. [illegible]

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

2 FULL NAME Amos Marshal Wallace

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Boy	White	

6 DATE OF BIRTH nov. 2d, 1917 (Month) (Day) (Year)

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

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

9 BIRTHPLACE (State or country)

PARENTS

10 NAME OF FATHER Charles Marshal Wallace

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Ivy Rudy Ford

13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) George Ford

(Address) Martwick Ky

15 Filed 11/21", 1917 S. D. Maple REGISTRAR

STILLBIRTH

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH November 20, 1917 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from ...., 191..., to ...., 191..., that I last saw h.... alive on ...., 191..., and that death occurred on the date stated above at ....m. The CAUSE OF DEATH* was as follows:

Still born

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

Contributory (SECONDARY)

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

(Signed) Charles W. Dellany M. D.

........, 191... (Address) Martwick 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	DATE OF BURIAL
Nelson Creek	11/21", 1917

20 UNDERTAKER	ADDRESS
McDonald & DeWitt	Greenville Ky.

11—3184

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD