

PLACE OF DEATH

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County *Madisonburg*

Vol. *Carrollton* Registration District No. *981*

Inc. Town *So. Carrollton* Primary Registration District No. *1085*

City *Ky.* (No.) St., Ward)

File No. *6*
Registered No. *81*

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

FULL NAME *William F. Watston*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX *male* COLOR OR RACE *white* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*
(Write the word)

16 DATE OF DEATH *January 9th 1924*
(Month) (Day) (Year)

17 DATE OF BIRTH *Dec. 27th 1852*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Jan 9*, 19*24* to *Jan 9*, 19*24*, that he was *not* alive on *11*, 19*24*, and that death occurred on the date stated above at *11* a.m. The CAUSE OF DEATH was as follows:

18 AGE *71* yrs. mos. *12* ds. IF LESS than 1 day ... hrs. or ... min.?

Apoplectic Stroke

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

(Duration) *24* yrs. mos. ds.

20 BIRTHPLACE *Madison County Kentucky*

Contributory *over exertion*

21 NAME OF FATHER *John Ballard Walston*

(Signed) *J. N. Barner* M. D.

22 BIRTHPLACE OF FATHER *Marion County, Ky.*

Jan 10, 1924 (Address) *So. Carrollton*

23 MAIDEN NAME OF MOTHER *Christena Bailey*

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

24 BIRTHPLACE OF MOTHER *Marion County, Ky.*

25 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

26 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Lee Walston*

26 PLACE OF BURIAL OR REMOVAL *South Carrollton* DATE OF BURIAL *Jan 11, 1924*

(Address) *Evansville, Ind.*

27 UNDERTAKER *Moore & Co.* ADDRESS *South City, Ky.*

28 Filed *Jan 14, 1924* *W. H. H. H. H.* REGISTRAR

U.S. - Every item of information should be carefully checked for accuracy. In plain terms, so that it may be proved. OCCUPATION is very important. See instructions on back of certificate.