

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Deeds Book

1 PLACE OF DEATH

County *Muhlenberg*

Vol. No. *East Boynton*

Ino. Town

City

3 FULL NAME

Richard Walton

File No. **24026**

Registered No.

(If death occurred in a hospital or institution give the building number and street and number.)

Registration District No. *2237*

Primary Registration District No. St. Ward

PERSONAL AND STATISTICAL PARTICULARS

8 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*
(Write the word)

6 DATE OF BIRTH 1
(Month) (Day) (Year)

7 AGE *45* yrs. mos. ds. IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) *Muhlenberg Co. Ky.*

10 NAME OF FATHER *F. R. Walton*

11 BIRTHPLACE OF FATHER (State or country) *Muhlenberg Co. Ky.*

12 MAIDEN NAME OF MOTHER *A. C. McDonald*

13 BIRTHPLACE OF MOTHER (State or country) *Muhlenberg Co. Ky.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *J. J. Walton*
(Address) *Greensville Ky.*

15 Filed *9/24, 1916* *A. B. Wickliffe* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Apr 22* 191*6*
(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

by being crushed to death by piece falling upon head.

(Duration) yrs. mos. ds.
Contributory (SECONDARY)

(Duration) yrs. mos. ds.
(Signed) *A. B. Young* Registrar

Sept. 23, 1916 (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?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Greensville Ky.* DATE OF BURIAL *9/24, 1916*

20 UNDERTAKER *McDonald & Smith* ADDRESS *Greensville Ky.*

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
 B. 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.
 MARSH RESERVED FOR SERVICE