

Commonwealth of Kentucky

1 PLACE OF DEATH

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

County Muhlenberg CERTIFICATE OF DEATHVol. Pct. Q. B. Rogers Registration District No. 871

File No. ....

Inc. Town ..... Primary Registration District No. 712Registered 5:24

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

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

2 FULL NAME Billie Harner

## PERSONAL AND STATISTICAL PARTICULARS

3 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 60 yrs. .... mos. .... ds. IF LESS than 1 day ... hrs. or ... min.?8 OCCUPATION  
(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) UnknownPARENTS  
10 NAME OF FATHER "  
11 BIRTHPLACE OF FATHER (State or country) "  
12 MAIDEN NAME OF MOTHER "  
13 BIRTHPLACE OF MOTHER (State or country) "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Al Lee(Address) Greenwich, Ky.15 Filed 7/18, 1918 W. B. Wickliffe REGISTRAR  
Bymurdell

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb. 17, 1918  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Feb. 17, 1918, to Feb. 17, 1918, that I last saw him alive on Feb. 17, 1918, and that death occurred on the date stated above at 11 P.M. The CAUSE OF DEATH\* was as follows:Dilatation of the HeartContributory (SECONDARY) Arteriosclerosis  
(Duration) .... yrs. .... mos. .... ds.(Signed) J. B. Stator, M. D.  
Feb. 18, 1918 (Address) Greensville, Ky.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, (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 Poor House S. Y. DATE OF BURIAL 2/18, 1918UNDERTAKER Oren L. Roark ADDRESS Greenwich, Ky.

MARGIN RESERVED FOR INDEXING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.