

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

17990

PLACE OF DEATH
County Mitchell
Vot. Prec. Howard
Inc. Town _____
City _____ (No. _____ St.; _____ Ward)

Reg Dist 7129

File No. _____
Registered No. _____
[If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME George F. Weir

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

1 SEX Male
2 COLOR OR RACE White
3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married
4 DATE OF BIRTH June 9 1843
(Month) (Day) (Year)
5 AGE 74 yrs. 2 mos. 2 ds.
If LESS than 1 day... hrs. or... min.?

6 DATE OF DEATH June 6 30 1917
(Month) (Day) (Year)
7 I HEREBY CERTIFY, That I attended deceased from Dec 16 1914 to June 29 1917, that I last saw him alive on June 30 1917, and that death occurred, on the date stated above, at 2 P. M.

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

The CAUSE OF DEATH* was as follows:
Chronic hepatitis with Indigestion of stomach

9 BIRTHPLACE (State or country) Tenn.

(Duration) yrs. 6 mos. 14 ds.
Contributory Acute gastritis
(SECONDARY)
(Duration) yrs. _____ mos. 10 ds.
(Signed) J. H. Smith, M. D.
June 30 1917 (Address) Greenville Ky.

PARENTS
10 NAME OF FATHER James Weir
11 BIRTHPLACE OF FATHER (State or country) Virginia
12 MAIDEN NAME OF MOTHER Spide
13 BIRTHPLACE OF MOTHER (State or country) Virginia

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Geo. Weir
(Address) Greenville Ky.

15 PLACE OF BURIAL OR REMOVAL Green Pine school DATE OF BURIAL 7/1 1917
20 UNDERTAKER Victor Jenkins ADDRESS Greenville Ky.

15 Filed 6/30 1917 Victor Jenkins REGISTRAR

Every item of information should be carefully checked. All should be stated EXACTLY. Physicians should state CAUSE OF DEATH in plain terms, but it may be properly classified. Exact classification of OCCUPATIONS is very important. See instructions on back of certificate.