

4477

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Muhlenburg

File No. _____

Vot. Pat. _____ Registration District No. 1093

Registered No. _____

Inc. Town Greenville Ky. Primary Registration District No. 2486

City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Max Lane

(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Negro 5 Single married
Married
Widowed
or Divorced
(Write the word)

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 31, 1937
(Month) (Day) (Year)

5a If married, widowed, or divorced
HUSBAND of Sue Weir

17 I HEREBY CERTIFY, That I attended deceased from Dec 31, 1937 to Mar 31, 1938 that I last saw him alive on Dec 31, 1937 and that death occurred on the date stated above at 11 a.m. The CAUSE OF DEATH* was as follows:
Apoplexy of the brain

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

7 AGE 58 yrs. 5 mos. 26 ds. IF LESS than 1 day _____ hrs. or _____ min?

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

(Duration) 5 yrs. 5 mos. 0 ds.
Contributory Isabel Weir
(Secondary)
(Duration) _____ yrs. _____ mos. _____ ds.

9 BIRTHPLACE (city or town) Muhlenburg County
(State or country)

18 WHERE WAS DISEASE CONTRACTED
If not at place of death? _____

PARENTS
10 NAME OF FATHER Luther Weir
11 BIRTHPLACE OF FATHER (city or town) don't know
(State or country)
12 MAIDEN NAME OF MOTHER _____
13 BIRTHPLACE OF MOTHER (city or town) don't know
(State or country)

Did an operation precede death? 0 Date of 0
Was there an autopsy? 0
What test confirmed diagnosis? Autopsy

14 (Informant) W. L. Putnam
(Address) Greenville Muhlenburg

Physician Dr. Arthur Beckley M. D.
100, 1937 (Address) Greenville Ky

15 Filed 1-13, 1937 C. B. Wick
By M. Wick Registrar

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Greenville Ky DATE OF BURIAL Jan 1, 1938

20 UNDERTAKER Ernest E. Elliott ADDRESS Greenville Ky

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be 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.