

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

1 PLACE OF DEATH

County *Mullensberg*

Vot. Pot. *West* Registration District No. *871*

Ino. Town *Greenville* Primary Registration District No. *71 33*

City *Greenville* (No. *16*) St., *Greenville* Ward

2 FULL NAME *Wm. W. Wain*

File No. *29658*

Registered No. *8281*

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *male* 4 COLOR OR RACE *negro* 5 SINGLE WARRIED, WIDOWED OR DIVORCED *Child*  
(Write the word)

6 DATE OF BIRTH *12 Nov 19*, 19*12*  
(Month) (Day) (Year)

7 AGE *2* yrs. *8* mos. *0* ds. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country)

PARENTS  
10 NAME OF FATHER *Wilson Wain*  
11 BIRTHPLACE OF FATHER (State or country) *Mullensberg*  
12 MAIDEN NAME OF MOTHER *Rula Martin*  
13 BIRTHPLACE OF MOTHER (State or country) *Mullensberg*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) *Wilson Wain*  
(Address) *Greenville*

15 *Nov*  
Filed *1.14*, 1914 *W. H. Koenig*  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Nov 14*, 1914  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Nov 13*, 1914, to *Nov 14*, 1914, that I last saw him alive on *Nov 13*, 1914, and that death occurred on the date stated above at *5 a.m.* The CAUSE OF DEATH was as follows:

*Rickets*  
Contributory *Rickets*  
(Signed) *A. Cornelius*, M. D.  
*Nov 14*, 1914 (Address) *Greenville*

\*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 *Nov 14* yrs. *0* mos. *0* ds. State *Greenville* yrs. *0* mos. *0* ds.

Where was disease contracted, if not at place of death?  
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Greenville Ky* DATE OF BURIAL *Nov 14*, 1914

20 UNDERTAKER *Wm. E. George* ADDRESS *Greenville*

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.