

PLACE OF DEATH
County Muhlenberg

Vol. Pat. # 5

Inc. Town _____

City Waverly Twp. No. _____ St. _____ Ward _____

872
7125

File No. 16
Registered No. 29
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

FULL NAME William Robert Helburn

PERSONAL AND STATISTICAL PARTICULARS

SEX _____ COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
(Write the word)

DATE OF BIRTH Feb 14, 1846
(Month) (Day) (Year)

AGE 67 yrs. 4 mos. 8 ds. If LESS than 1 day... hrs. or... min.?

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

BIRTHPLACE (State or country) Muhlenberg Co

10 NAME OF FATHER E. B. Helburn

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co

12 MAIDEN NAME OF MOTHER Alcock

13 BIRTHPLACE OF MOTHER (State or country) Layton Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Knight
(Address) Waverly, Ky

15 June 2, 1914
Flod. June 2, 1914 J. R. Kimmel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 22, 1914
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 21, 1914, to June 21, 1914, that I last saw him alive on June 22, 1914, and that death occurred, on the date stated above, at p.p.m.

THE CAUSE OF DEATH* was as follows:
Suppuration of abscess of P. of Stat. G. and followed by Septicemia
Two years (Duration) yrs. mos. ds.

Contributory (Secondary) _____ (Duration) yrs. mos. ds.

(Signed) J. D. Lundy M. D.
June 22, 1914 (Address) Waverly, Ky

*State the DISEASE CAUSING DEATH, or, in death 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 Haven Grove DATE OF BURIAL June 26, 1914

20 UNDERTAKER W. B. Boyd ADDRESS Waverly, Ky

WRITE PLACES OF BIRTH AND DEATH IN FULL NAME OF COUNTY, CITY, TOWNSHIP AND STATE. If death occurred in a hospital or institution, give its NAME instead of street and number. See instructions on back of certificate.