

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

1 PLACE OF DEATH

County MuhlenbergVol. No. E. T. 3. 1914 Registration District No. 171Inc. Town..... Primary Registration District No. 7132

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

2 FULL NAME William T. Welborn, Jr.File No. .... 19276Registered No. .... 52
 (If death occurred in a  
 hospital or institution,  
 give the full name and  
 street and number.)

## PERSONAL AND STATISTICAL PARTICULARS

 3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) single

 6 DATE OF BIRTH Nov. 4, 1905  
 (Month) (Day) (Year)

 7 AGE 8 yrs., 8 mos., 3 ds. IF LESS than 1 day... hrs. or... min.?

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

 9 BIRTHPLACE (State or country) Muhlenberg County, Ky.

 10 NAME OF FATHER Ardo Welborn

 11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co. Ky.

 12 MAIDEN NAME OF MOTHER Maud Lyon

 13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co. Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) P. S. Atkinson(Address) Lynchburg, Ky.

## MEDICAL CERTIFICATE OF DEATH

 16 DATE OF DEATH July 7, 1914  
 (Month) (Day) (Year)

 17 I HEREBY CERTIFY, That I attended deceased from July 5, 1914, to July 7, 1914, and that I last saw him alive on July 7, 1914, and that death occurred on the date stated above at 4 P.M. The CAUSE OF DEATH\* was as follows:  
Valvular

 (Duration).... yrs.... mos. 3.. ds.  
 Contributory (Secondary)..... (Duration).... yrs.... mos. .... ds.  
 (Signed) L. P. Johnson, M. D.  
July 8, 1914 (Address) Greenhill, Ky.

 \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES only (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 Int. Bur. T. G. DATE OF BURIAL July 8, 1914  
 20 UNDERTAKER M. Donald DeWitt Greenhill, Ky. ADDRESS
File July 8, 1914 T. H. Franklin

REGISTRAR