

Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

File No. \_\_\_\_\_

Registered No. 53

## 1. PLACE OF DEATH

County Muhlenberg

Vot. Pct. \_\_\_\_\_

Inc. Town GreenvilleCity Route 4 (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)Registration District No. 1093Primary Registration District No. 6830

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

2. FULL NAME J. P. Wines(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

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.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced, (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH Feb 22, 19727. AGE Years Months Days If LESS than 1 day.....hrs. or.....min.  
63 4 38. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_

11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE Warren Co13. NAME Tom Wines14. BIRTHPLACE Warren Co15. MAIDEN NAME Ellen Fisher16. BIRTHPLACE Dont Union17. INFORMANT Relda Lee Wines(Address) Greenville 147 R. 4

## 18. BURIAL, CREMATION, OR REMOVAL

Place Macedonia Date 6-26, 199519. UNDERTAKER M. B. M. Donald & Co(Address) Greenville Ky20. FILED 6-26 1995 R.P. Coulter  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 25, 199522. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 1930 to June 25, 1925I last saw him alive on June 20, 1930, death is said to have occurred on the date stated above, at 11 A.M.. The principal cause of death and related causes of importance in order of onset were as follows:

Date of onset

Chronic Myocarditis 1930

Contributory causes of importance not related to principal cause:

Chronic Interstitial Nephritis 1930Name of operation none Date of ✓What test confirmed diagnosis? ✓ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? ✓ date of injury \_\_\_\_\_

Where did injury occur? \_\_\_\_\_

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. ✓Manner of injury ✓Nature of injury ✓

24. Was disease or injury in any way related to occupation of

deceased? no If so, specify \_\_\_\_\_(Signed) Clarence Wilson, M. D.(Address) Greenville Ky

N. B. WRITE PLAINLY, WITH UNFADING INK—This IS A PERMANENT RECORD. Every item of information should be carefully supplied EXACTLY. PHYSICIAN 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.

MARVIN RECEIVED FOR BIRTHING