

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH
County Muhlenberg

Vet. Pat. _____

Inc. Town Central City, Ky.

City _____

Registration District No. 874Primary Registration Dist. No. 2435

(No. _____ St. _____ Ward _____)

File No. 18161Registered No. 37FULL NAME Anson Wright

(If death occurred in hospital or institution, give NAME located at street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) WidowerDATE OF BIRTH Sept 19, 1862, 1 (Month) (Day) (Year)AGE 49 yrs. 9 mos. 15 ds. If LESS than 1 day... hrs., or... min.?OCCUPATION (a) Trade, profession, or particular kind of work. Farmer
(b) General nature of industry, business, or establishment in which employed (or employer).BIRTHPLACE (State or country) Muhlenberg CoPARENTS 10 NAME OF FATHER John Wright11 BIRTHPLACE OF FATHER (State or country) Ky.12 MAIDEN NAME OF MOTHER Mary Bennett13 BIRTHPLACE OF MOTHER (State or country) Webster Co14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Max Dallas Bane (Address) _____15 Filed July 5, 1912 L. B. Blandford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 4, 1912 (Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from June 4, 1912, to July 4, 1912, that I last saw him alive on July 4, 1912, and that death occurred, on the date stated above, at 7 a.m.The CAUSE OF DEATH* was as follows: Peri-epheptic AbscessContributory (Duration) yrs. 2 mos. ds.Contributory (SECONDARY) Tuberculosis (Duration) yrs. 6 mos. ds.(Signed) L. M. Ferguson, M. D. July 4, 1912 (Address) Central City, Ky.

*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 ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds. Where was disease contracted, if not at place of death? Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Central City, Ky. DATE OF BURIAL July 5, 191220 UNDERTAKER Marlin Moore ADDRESS Central City, Ky.

WRITE PLAINLY, WITH UNFADING INK-TYPE IS A PERMANENT RECORD

R. 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.