

## Commonwealth of Kentucky

STATE BOARD OF HEALTH.

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

1 PLACE OF DEATH  
 County Muhlenberg  
 Vol. Pat. 15-  
 Inc. Town Bevier 14  
 City .....

Registration District No. 2130-  
 Primary Registration Dist. No. ....

File No. 2563Registered No. 85

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

2 FULL NAME Levi Parker Wright (No. .... St.) ..... Ward)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>widower</u>
6 DATE OF BIRTH <u>Sept 17, 1894</u> (Month) (Day) (Year)		
7 AGE <u>88 yrs. 3 mos. 16 ds.</u>		8 LESS than 1 day....hrs, or....min.?
9 OCCUPATION (a) Trade, profession, or particular kind of work. <u>None</u> (b) General nature of industry business, or establishment in which employed (or employer) .....		
10 BIRTHPLACE (State or country) <u>Massachusetts</u>		
PARENTS	11 NAME OF FATHER <u>George Parker Wright</u>	
	12 BIRTHPLACE OF FATHER (State or country) <u>Massachusetts</u>	
	13 MAIDEN NAME OF MOTHER <u>Eliabell Taylor</u>	
	14 BIRTHPLACE OF MOTHER (State or country) <u>Massachusetts</u>	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) A. P. Wright  
 (Address) Bevier

15 Filed Jan 3, 1913 W. H. Hays  
 REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH  
January 3, 1913  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from  
April 5, 1912, to Dec 31, 1912,

that I last saw him alive on Dec 31, 1912,

and that death occurred, on the date stated above, at 1:30 p.m.

The CAUSE OF DEATH\* was as follows:

Paralysis

(Duration) 1 yrs. 7 mos. ds.

Contributory gun-fall  
 (secondary) (Duration) .... yrs. .... mos. .... ds.

(Signed) Harry E. Decker, M. D.  
Jan 2, 1913 (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. State .... yrs. .... mos. .... ds.

Where was disease contracted,  
 if not at place of death? .....

Former or  
 usual residence .....

19 PLACE OF BURIAL OR REMOVAL  
Washington D. C. DATE OF BURIAL  
Jan 5, 1913

20 UNDERTAKER  
Willert Gilliam ADDRESS  
Owensboro Ky