

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 4592

PLACE OF DEATH
County Nelson

Vot. Pct. New Haven Registration District No. 1100

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

Inc. Town _____ Primary Registration District No. 6862

City _____ (No. _____ St. _____ Ward _____)

3 FULL NAME M. A. M. Greenwell

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

4 SEX Male 4 COLOR OR RACE white 5 Single Married
Widowed or Divorced (Write the word)

16 DATE OF DEATH Feb 19 1927
(Month) (Day) (Year)

6 DATE OF BIRTH Jan 10 - 1855
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from July 17, 1927 to Feb 19, 1927, that I last saw him live on July 19, 1927, and that death occurred on the date stated above at 6:50 p.m.

7 AGE 72 yrs. 1 mos. 9 ds. IF LESS than 1 day hrs. or min?

The CAUSE OF DEATH* was as follows:
Chronic Endocarditis

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

(Duration) 2 yrs. mos. ds.

9 BIRTHPLACE (State or country) Nelson Co. Kentucky

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

10 NAME OF FATHER Albin Greenwell

(Signed) J. G. Grinnell, M. D.
2/20 1927 (Address) New Haven Ky

11 BIRTHPLACE OF FATHER (State or country) Ky.

*State the Disease Causing Death, or, in deaths from violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

12 MAIDEN NAME OF MOTHER Susan Culver

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) _____ at place _____ In the _____ of death _____ yrs. mos. ds. State _____ yrs. mos. ds. Where was disease contracted, _____ if not at place of death? _____ Former or usual residence _____

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

19 PLACE OF BURIAL OR REMOVAL _____ DATE OF BURIAL _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Wm. Hilary Bryan (Address) New Haven Ky.

20 UNDERTAKER _____ ADDRESS _____

15 Filed Feb 20, 1927 Wilma Giese Registrar

Charles Coy New Haven Ky.

WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD
N. 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. E statement of OCCUPATION is very important. See instructions on back of certificate.