

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Salem

Vol. 12

Inc. Town

City

Registration District No. 7152

Primary Registration Dist. No. 12

File No. 18195

Registered No.

2 FULL NAME Henry Ignatius Greenwell

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (If 5 is the word) Married

6 DATE OF BIRTH Nov 17 1849

7 AGE 63 yrs. 8 mos. 8 ds. If LESS than 1 day...hrs. or...min.?

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

9 BIRTHPLACE (State or country) Nelson Co

10 NAME OF FATHER Joshua Greenwell

11 BIRTHPLACE OF FATHER (State or country) Nelson Co

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (State or country) Don't Know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Martin Greenwell (Address) Nelsonville Ky

15 FILED 7/29 1912 W H Brady REGISTRAR

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH July 25 1912

17 I HEREBY CERTIFY, That I attended deceased from 7:29 1912 to 27 1912

that I last saw him alive on July 27 1912 and that death occurred, on the date stated above, at 11 a.m.

The CAUSE OF DEATH* was as follows: Brain aneurysm

(Duration) 2 yrs. 2 mos. 8 ds.

Contributory (Specify) (Duration) 2 yrs. 2 mos. 8 ds.

(Signed) W H Brady M. D.

7/29 1912 (Address) 23 E. 1st St. Louisville Ky

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

(10) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR FREQUENT RESIDENTS) At place of death 2 yrs. 2 mos. 8 ds. In the State 2 yrs. 2 mos. 8 ds.

Where was disease contracted, if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL New Haven Ky DATE OF BURIAL July 27 1912

20 UNDERTAKER Boyd & Greenwell ADDRESS New Haven Ky

WRITE PLAINLY, WITH CAREFULNESS THE TRUE NAME OF THE DECEASED. Every item of information should be carefully supplied. AGE should be stated in FULL. OCCUPATION should state CAUSE OF DEATH in plain language, as that it may be properly classified. Exact amount of OCCUPATION is very important. See instructions on back of certificate.