

Form V. S. 1-B-75m-3-30-33

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

5896

PLACE OF DEATH
County Dawson
Vot. Prec. Greenwells Registration District No. 410
Inc. Town _____ Primary Registration District No. 4918
City _____ (If death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME J. Eugene Greenwell
(a) Residence, No. Dunsmore Route 1 St., _____ Ward _____
Length of residence in city or town where death occurred yrs. mos. ds. _____ New long in U. S., if of foreign birth? yrs. mos. ds. _____

File No. _____
Registered No. 116

PERSONAL AND STATISTICAL PARTICULARS
3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed or Divorced (write the word) Widowed
6a. If married, widowed, or divorced HUSBAND or (or) WIFE of _____
6. DATE OF BIRTH April 4 - 1851
7. AGE Years 82 Months 11 Days 7 If LESS than 1 day hrs. or min.
8. Trade, profession, or particular kind of work done, as engineer, sawyer, bookkeeper, etc. Retired 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 _____

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH 3 - 15 - 1934
22. I HEREBY CERTIFY, That I attended deceased from 2 - 3 - 1933 to 3 - 15 - 1934
I last saw him alive on 3 - 15 - 1934 death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance in order of onset, were as follows:
Arteriosclerosis with acute heart failure
Date of onset _____
Contributory causes of importance not related to principal cause: _____

MOTHER FATHER
12. BIRTHPLACE Ky
13. NAME Joshua Greenwell
14. BIRTHPLACE Ky
15. MAIDEN NAME Elizabeth Boone
16. BIRTHPLACE Ky
17. INFORMANT Miss Ruffin Greenwell
(Address) Dunsmore Route 1
18. BURIAL, CREMATION, OR REMOVAL Place Cathart County Date Apr 12, 1934
19. UNDERTAKER Edw. J. Brown
(Address) Dunsmore Ky
20. FILED 3-16, 1934 Lena Cox Registrar

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ date of injury _____ 19____
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? _____ If so, specify _____
(Signed) A. F. Kitchel M. D.
(Address) Dunsmore Ky

MARGIN RESERVED FOR BINDING
N. B. WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be given in full. Exact statement of OCCUPATION is very important. See instructions on back of certificate.