

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY  
Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

14434

1. PLACE OF DEATH

County Jefferson

Vot. Prec. \_\_\_\_\_

Ino. Town \_\_\_\_\_

City Louisville

Registration District No. 755

Primary Registration District No. 2275

File no. \_\_\_\_\_

Registered No. 2725

2. FULL NAME Samuel L. Greenwell (If death occurred in a hospital or institution, give its NAME instead of street and number)

(a) Residence, No. 4100 Western Parkway St. \_\_\_\_\_ Ward \_\_\_\_\_ (if nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed or Divorced (write the word) Widower

5a. If married, widowed, or divorced HUSBAND of Florence Greenwell (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH July 16 - 1863

7. AGE Year 74 Months 11 Days 14 If LESS than 1 day.....hrs. or.....min.

8. Trade, profession, or particular kind of work done, as salesman, Sawyer, bookkeeper, etc. none

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 \_\_\_\_\_

12. BIRTHPLACE New Haven, Ky.

13. NAME Abner Greenwell

14. BIRTHPLACE Nelson County, Ky.

15. MAIDEN NAME Susan Culver

16. BIRTHPLACE Nelson County, Ky.

17. INFORMANT Mrs. Smith M. Wimsatt (Address) 4100 Western Parkway

18. BURIAL, CREMATION, OR REMOVAL Place Culver Date July 4, 1938

19. UNDERTAKER John W. Manning & Sons (Address) 612 W. Broadway

20. FILED JUL 1 1938 H. H. Ferguson

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 30, 1938

22. I HEREBY CERTIFY that attended deceased from May 28, 1938 to June 30, 1938. I last saw deceased alive on June 30, 1938, death is said to have occurred on the date stated above, at 4:45 P.M.. The principal cause of death and related causes of importance in order of onset were as follows:

Arteriosclerosis

Contributory causes of importance not related to principal cause: \_\_\_\_\_

Name of operation D Date of \_\_\_\_\_  
What test confirmed diagnosis? Was there an autopsy? Yes

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 Yes or injury in any way related to occupation of deceased? No If so, specify \_\_\_\_\_

(Signed) R. K. Blum M. D.  
(Address) 525 - ...

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD. 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.

4/16 3-27-60