

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

25699

1 PLACE OF DEATH

County Nelson

Registration District No. 880

File No.

Vot. Pot.

Inc. Town New Haven Primary Registration District No. 7142

Registered No.

City (No. St. Ward)

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

2 FULL NAME William H. Greenwell

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

10 DATE OF DEATH Oct 12 1920
(Month) (Day) (Year)

6 DATE OF BIRTH July 25, 1... (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 12, 1920 to Oct 12, 1920, that I last saw him alive on

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

and that death occurred on the date stated above at

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

The CAUSE OF DEATH was as follows: Sudden death from some form of heart trouble, was dead before I reached him Duration ... yrs. ... mos. ... ds.

9 BIRTHPLACE (State or country) Nelson County

Contributory (SECONDARY) (Duration) ... yrs. ... mos. ... ds.

10 NAME OF FATHER Alfonso Greenwell

(Signed) Edw. D. ..., M. D. Oct 13, 1920 (Address) Nelson County

11 BIRTHPLACE OF FATHER (State or country) Nelson County

*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 Greenwell

13 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death ... yrs. ... mos. ... ds. In the usual residence ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds.

13 BIRTHPLACE OF MOTHER (State or country) Nelson County

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (In my presence) Monroe Greenwell (Address) New Haven

19 PLACE OF BURIAL OR REMOVAL New Haven DATE OF BURIAL Oct 13, 1920

15 Filed Oct 12, 1920 Wilbur Price REGISTRAR

20 UNDERTAKER Felix Ball ADDRESS New Haven

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. Exact statement of OCCUPATION is very important. See instructions on back of certificate.