

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

20212

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

## 1. PLACE OF DEATH

County Nelson Co. Ky

Vet. Pct. \_\_\_\_\_

Registration District No. 1100Ine. Town HowardstownPrimary Registration District No. 6861City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME William S. Howard(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (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 Male 4. COLOR OR RACE white 5. Single, Married, Widowed or Divorced (write the word) marriedIf married, widowed, or divorced  
HUSBAND of Rose Hutchinson  
(or) WIFE of \_\_\_\_\_6. DATE OF BIRTH Feb 12 - 18577. AGE  
Years 79 Months 5 Days \_\_\_\_\_ If less than  
1 day \_\_\_\_\_ hrs. \_\_\_\_\_ min. \_\_\_\_\_8. Trade, profession, or particular kind of work done, as engineer, seaman, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as glass mill, cannery, bank, etc. \_\_\_\_\_

10. Date deemed last worked at this occupation (month and year) \_\_\_\_\_

11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE Nelson Co. Ky13. NAME Austin Howard14. BIRTHPLACE Nelson Co. Ky15. MAIDEN NAME Elizabeth Boone16. BIRTHPLACE Nelson Co. Ky17. INFORMANT Rose Howard(Address) Howardstown, Ky.

18. BURIAL, CREMATION, OR REMOVAL

Place Howardstown, Ky. Date Aug 3, 193619. UNDERTAKER C. C. Coyle(Address) Nelson, Ky.20. FILED Aug 11, 1936 Martha Beaman

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 31, 1936I HEREBY CERTIFY that I attended deceased from July 1, 1936 to July 31, 1936. I last saw him alive on July 1, 1936. Death is said to have occurred on the date stated above, at 10:30 am. The principal cause of death and related causes of importance in order of onset were as follows:Parasitoma of the stomach

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

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 \_\_\_\_\_  
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) J. Beemull M. D.(Address) Nelson, KyMARGIN RESERVED FOR BINDING  
UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully set. 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.

N. B. WRITE PLAINLY. V. UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully set. 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.