FORM V S 1-500M 2-29-12

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

31227

1 PLACE OF DEATH

County Washington

Vot. Pct. W. S.

Registration District No. 1130

File No.

Inc. Town Springfield

Primary Registration District No. 7778

Registered No. 105

City (No. St. Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME William Ogden Stiles

PERSONAL AND STATISTICAL PARTICULARS	
3 SEX	Male
4 COLOR OR RACE	White
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)	Single
6 DATE OF BIRTH (Month) (Day) (Year)	Sept - 25 - 1919
7 AGE ... yrs. ... mos. ... ds. / IF LESS than 1 day ... hrs. or ... min.?	2 mos.
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry business or establishment in which employed (or employer)	—
9 BIRTHPLACE (State or country)	Nelson Co
PARENTS: 10 NAME OF FATHER	W. O. Stiles
11 BIRTHPLACE OF FATHER (State or country)	Nelson Co
12 MAIDEN NAME OF MOTHER	Nannie Raspein
13 BIRTHPLACE OF MOTHER (State or country)	Nelson Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Joseph J. Edelen

(Address) Bardstown Ky

15 Filed Nov. 26, 1919 Jennie Cokendolpher, Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 11 25, 1919 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 20, 1919, to Nov 25, 1919, that I last saw him alive on Nov 25, 1919, and that death occurred on the date stated above at 7:30 P m. The CAUSE OF DEATH* was as follows:

Marasmus

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

Contributory (SECONDARY) None

(Duration) ... yrs. ... mos. ... ds.

(Signed) J. C. Mudd M. D.

Nov. 26, 1919 (Address) Springfield Ky

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

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL St Joseph Cemetery — DATE OF BURIAL 11 - 26, 1919

20 UNDERTAKER Bardstown Furn Co — ADDRESS Bardstown

Robt. Mann

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.

11—3184