

21043

Form V. S. 1-A

DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 236Registration District No. 1085 Primary Registration District No. 2436

1. PLACE OF DEATH:

(a) County Muhlenberg
(b) City or town Greenville
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:

(If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Ky. (b) County Muhlenberg
(c) City or town Greenville
(If outside city or town limits, write RURAL)
(d) Street No. Hayes St
(If rural give precinct)

(e) If foreign born, how long in U. S. A.? _____ years

3(a) FULL NAME Joseph Sire Williams

3(b) If veteran, _____ 3(c) Social Security

Name war _____ No. _____

4. Sex male 5. Color or race white 6(a) Single, widowed, married, divorced married6(b) Name of husband or wife Laura Etta Williams6(c) Age of husband or wife if alive 72 Years7. Birth date of deceased Nov. 22 1870
(Month) (Day) (Year)8. AGE: Years 74 Months _____ Days _____ If less than one day hr. _____ min. _____9. Birthplace Logan County Ky.10. Usual occupation mining

11. Industry or business _____

FATHER { 12. Name J. C. Williams13. Birthplace Logan Co.MOTHER { 14. Maiden name Martha Stewart15. Birthplace Logan County16(a) Informant's own signature Anna Bell Howell(b) Address Graham, Ky.

17. BURIAL, CREMATION, OR REMOVAL

Place Friends Date Sept. 12, 194418(a) Signature of funeral director Harold F. ...(b) Address Greenville Ky19(a) 9-14-44 (Date received by local registrar)(b) Margerie Kagal (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept. 11th 19 4421. I hereby certify that I attended the deceased from Jan 19 40
to Sept 11 19 44 that I last saw him alive on
Sept 1 19 44 and that death occurred on the date
stated above at _____ M.

Immediate cause of death

Chronic Myocarditis DURATION 4 yrs

Due to _____

Other conditions Sensibility
(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓ 120-1-28Of autopsy ✓

If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) ✓(b) Date of occurrence ✓(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? ✓
(Specify type of place)While at work? ✓(a) Means of injury ✓23. Signature Charles Wilson M.D.
(M. D. or other)Address Greenville Ky Date signed 9/12/44

N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.