

18570

File No. _____

Registered No. 157

1. PLACE OF DEATH

County WormVet. Pct. BoatlandingRegistration District No. 1417Inc. Town KPrimary Registration District No. 7738City _____ (No. _____ St., _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME William H. Alford(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) Married5a. If married, widowed, or divorced HUSBAND of Mrs Margaret Alford6. DATE OF BIRTH July 15 - 18437. AGE Years 91 Months - Days 6 If LESS than 1 day hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, lawyer, bookkeeper, etc. Farmer9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Gen. Farmer10. Date deceased last worked at this occupation (month and year) 7 28 11. Total time (years) spent in this occupation K12. BIRTHPLACE Ky13. NAME Wes Alford14. BIRTHPLACE Ky15. MAIDEN NAME Martha Bratcher16. BIRTHPLACE Ky17. INFORMANT Mrs. M. G. Leary
(Address) Richwoodville, Ky.18. BURIAL, CREMATION OR REMOVAL
Place McPleasant Date July 23, 3419. UNDERTAKER Lowry & Gray
(Address) Woodburn, Ky.20. FILED July 25, 1934 Mrs. Ed. J. Moore
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH July 21, 193422. I HEREBY CERTIFY, That I attended deceased from April 29, 1934 to July 21, 1934
I last saw him alive on July 15, 1934, death is said to have occurred on the date stated above, at 5-2 p.m.
The principal cause of death and related causes of importance in order of onset were as follows:Bright's Disease
and
lungreen
of foot

Date of onset

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 _____ 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 disease or injury in any way related to occupation of

deceased no If so, specify _____(Signed) Wesley E. Prussner D.(Address) Boatlanding, Worm, Ky.

MARGIN SERVED FOR BINDING

N. B. WRITE PLAINLY, WITH 'FADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. The 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.