

Form V. S. 2-200m-6-11-23

11418

**COMMONWEALTH OF KENTUCKY**  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

County Artwell File No. 21  
 Vol. Pat. Ray Williams Registration District No. 445 Registered No. \_\_\_\_\_  
 Inc. Town \_\_\_\_\_ Primary Registration District No. 5014 (If death occurred in a hospital or institution, give its NAME instead of street and number.)  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

2 FULL NAME William Howell

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>m</u>	4 COLOR OR RACE <u>w</u>	5 Single Married Widowed or Divorced (Write the word) <u>s</u>	16 DATE OF DEATH <u>March 20</u> 192 <u>5</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>March 20</u> 192 <u>5</u> (Month) (Day) (Year)			I HEREBY CERTIFY, That I attended deceased from _____ 192____ to _____ 192____ that I last saw h..... alive on _____ 192____ and that death occurred on the date stated above at _____ m. The CAUSE OF DEATH* was as follows:	
7 AGE _____ yrs. _____ mos. _____ ds. If LESS than 1 day _____ hrs. of _____ min?			*State the Disease Causing Death, or, in death from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
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) <u>Ky</u>			17 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) at place _____ In the State _____ of death _____ yrs. _____ mos. _____ ds. Where was disease contracted, if not at place of death? _____ Former or usual residence _____	
10 NAME OF FATHER <u>Shelby Howell</u>			18 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL _____ 192____	
11 BIRTHPLACE OF FATHER (State or country) <u>Ky</u>			19 UNDERTAKER ADDRESS _____	
12 MAIDEN NAME OF MOTHER <u>Susan Durbin</u>				
13 BIRTHPLACE OF MOTHER (State or country) <u>Ky</u>				
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Shelby Howell</u> (Address) <u>Prose Ky</u>				
15 Filed <u>6/10</u> 192 <u>5</u> <u>Carrie Mitchell</u> Registrar				

11-3194

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. See instructions on back of certificate.

STILLBIRTH  
 Born dead

DELAYED