

Martin, William Nelson 1903 - 1943

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. 80685  
Registrar's

Registration District No. 670 Primary Registration District No. 2248

1. PLACE OF DEATH:  
(a) County HARRISON  
(b) City or town CYNTHIANA  
(c) Name of hospital or institution: BATTLE GROVE AVENUE  
(If not in hospital or institution write street number or location)  
(d) Length of stay: In HARRISON community lifetime  
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State KENTUCKY (b) County HARRISON  
(c) City or town CYNTHIANA  
(If outside city or town limits, write RURAL)  
(d) Street No. BATTLE GROVE AVENUE  
(If rural give precinct)  
(e) If foreign born, how long in U. S. A.?

3(a) FULL NAME WILLIAM NELSON MARTIN  
3(b) If veteran, Name war no 3(c) Social Security No. \_\_\_\_\_  
4. Sex male 5. Color White 6(a) Single, widowed, divorced, married  
6(b) Name of husband or wife Roxie Paul  
6(c) Age of husband or wife if alive \_\_\_\_\_ Years  
7. Birth date of deceased January 19, 1903  
(Month) (Day) (Year)  
8. AGE: Years 40 Months 8 Days 6 If less than one day hr. min.  
9. Birthplace Harrison Co. Ky. 5  
10. Usual occupation Cream station operator & Asst. Rural Mail Carrier  
11. Industry or business Cream Station & Mail Carr

12. Name Clarence D. Martin  
13. Birthplace Harrison Co. Ky.  
14. Maiden name Pearl Renaker  
15. Birthplace Scott Co. Ky.

16(a) Informant's own signature C. D. Martin  
(b) Address Cynthiana, Ky

17. BURIAL, CREMATION, OR REMOVAL  
Place Battle Grove Date Sept 27, 1943

18(a) Signature of funeral director James S. Whaley  
(b) Address Cynthiana, Ky.

19(a) Sept 27, 1943 (Date received by local registrar) (b) Francis Price (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH Sept. 25 19 43  
21. I hereby certify that I attended the deceased from March 1 19 43  
to Sept 25 19 43, that I last saw him alive on Sept 25 19 43 and that death occurred on the date stated above at 7:30 P. M.  
Immediate cause of death Typhoid DURATION \_\_\_\_\_  
Due to Bright's disease  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Major findings:  
Of operations 132  
Of autopsy \_\_\_\_\_

22. 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? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature W. C. Surrford (M. D. or other)  
Address Cynthiana, Ky. Date signed 9-27-43

Vertical text on left: "Exact statement of OCCUPATION is very important. Do not omit any property ownership."