

Form V. S. 1-2001-10-23-25		COMMONWEALTH OF KENTUCKY		BUREAU OF VITAL STATISTICS	
1 REASON OF DEATH		State Board of Health		CERTIFICATE OF DEATH	
County	<u>Perry</u>	Registration District No.	<u>2</u>	File No.	<u>20652</u>
Vot. Pct.	<u>Prohibition</u>	Primary Registration District No.	<u>123</u>	Registered No.	
Ino. Town		City	(No. <u> </u> St. <u> </u> Ward <u> </u>)		
2 FULL NAME <u>Jeff Williams</u>					
(a) Residence No. <u> </u>		St. <u> </u> Ward <u> </u>			
(Usual place of abode)		(If nonresident, give city or town and State)			
Length of residence in city or town where death occurred		How long in U.S., if of foreign birth?			
yrs. mos. ds.		yrs. mos. ds.			
PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
1 SEX	4 COLOR OR RACE	6 Single Married Widowed or Divorced (Write the word)	16 DATE OF DEATH	19 <u>31</u>	
<u>Male</u>	<u>White</u>	<u>Married</u>	<u>June 11 1931</u>	<u>9/1</u>	
8a If married, widowed, or divorced HUSBAND of (or) WIFE of <u> </u>			17 I HEREBY CERTIFY, That I attended deceased from <u> </u> 19 <u> </u> to <u> </u> 19 <u> </u> that I last saw h <u> </u> alive on <u> </u> 19 <u> </u> and that death occurred on the date stated above at <u> </u> M. The CAUSE OF DEATH* was as follows:		
9 DATE OF BIRTH <u>Dec. 10th</u>			<u>Paralysis</u>		
7 AGE <u>42</u> yrs. - mos. - ds.			<u>82</u>		
IF LESS than 1 day - hrs. or min?					
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work <u> </u>			(Duration) <u> </u> yrs. <u> </u> mos. <u> </u> ds.		
(b) General nature of industry, business or establishment in which employed (or employer) <u> </u>			Contributory (Secondary) <u> </u> (Duration) <u> </u> yrs. <u> </u> mos. <u> </u> ds.		
9 BIRTHPLACE (city or town) <u> </u> (State or country) <u> </u>			18 WHERE WAS DISEASE CONTRACTED		
10 NAME OF FATHER <u>Jeff Williams</u>			If not at place of death? <u> </u>		
11 BIRTHPLACE OF FATHER (city or town) <u> </u> (State or country) <u> </u>			Did an operation precede death? <u> </u> Date of <u> </u>		
12 MAIDEN NAME OF MOTHER <u>Betty Fuller</u>			Was there an autopsy? <u> </u>		
13 BIRTHPLACE OF MOTHER (city or town) <u> </u> (State or country) <u> </u>			What test confirmed diagnosis? <u> </u>		
14 (Informant) <u> </u>			(Signed) <u> </u> M. D.		
(Address) <u> </u>			<u> </u> 19 <u> </u> (Address)		
15 Filed <u>Wm G Cornett</u> Registrar			19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL <u>Stony Brookyard June 12, 1931</u>		
			20 UNDERTAKER <u> </u> ADDRESS <u> </u>		