

Registration District No. 1074

Primary Registration District No. 2046

1. PLACE OF DEATH a. COUNTY Boyd			2. USUAL RESIDENCE (Where deceased lived, if institution residence before admission) a. STATE Kentucky b. COUNTY Boyd		
b. CITY (If outside corporate limits, write RURAL and give township) Ashland		c. LENGTH OF STAY (in this place) 1	c. CITY OR TOWN Ashland		IS RESIDENCE ON A FARM? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION King's Daughters Hospital			d. STREET ADDRESS Route 1		IS RESIDENCE INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or Print) William M. Willison		a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) March 16, 1961
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 16, 1867	9. AGE (In years last birthday) 93	If Under 1 Year: Months Days Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer			10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Tippecanoe, Ohio	
13. FATHER'S NAME Jonah Willison			14. MOTHER'S MAIDEN NAME Murray Clarence Willison - Son		
15. WAS DECEASED (Yes, no, or unknown) No		EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Clarence Willison - Son	
18. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic heart disease. Myocardial failure.					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise for above cause (a) stating the underlying cause last. DUE TO (b) -----					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 1200					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	21a. DESCRIBE HOW INJURY OCCURRED (State nature of injury in Part I or Part II of Item 18.)		
21b. TIME OF INJURY	Hour Month, Day, Year				
21c. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT <input type="checkbox"/> WORK	21d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21e. CITY, TOWN, OR LOCATION		COUNTY STATE
22. I hereby certify that I attended the deceased from 3-14-61 , 19 to 3-16-61 , 19, that I last saw the deceased alive on 3-16-61 , 19, and that death occurred at 5:30 a. m. , from the causes and on the date stated above.					
23a. DATE SIGNED 3-17-61		23b. ADDRESS 13th & Blackburn Ave.		23c. SIGNATURE Harry J. Stone (Degree or title)	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		DATE 3/18/61	NAME OF CEMETERY OR CREMATORY Jones Cemetery	24d. LOCATION (City, town, or county) (State) Bath County, Kentucky	
25a. DATE REC'D BY LOCAL OFF. 3-20-61	25b. REGISTRAR'S SIGNATURE M. G. Kurlan	26. FUNERAL DIRECTOR Lazarus Funeral Home - Ashland, Ky.		ADDRESS	

MEDICAL CERTIFICATION