

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

14672

1 PLACE OF DEATH
County Boyle

File No. _____

Vol. Pat. _____

Registration District No. 5-20

Registered No. 552

Inc. John

Primary Registration District No. 265

City Springton

(No. Good Sam St. 4th Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Alexander Williams

(a) Residence No. 24 1/2 St. _____ Ward. _____

Length of residence in city or town where death occurred yrs. mos. ds. (If nonresident, give city or town and State)
How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX m 4 COLOR OR RACE W 5 Single Single
Married Single
Widowed Single
or Divorced Single
(Write the word)

6a If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

7 DATE OF BIRTH Jul 2 1903
(Month) (Day) (Year)

8 AGE 24 yrs 6 mos 2 ds.
If LESS than 1 day _____ hrs. or _____ min.

9 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work driver
(b) General nature of industry, business or establishment in which employed (or employer) _____

10 BIRTHPLACE (city or town) (State or country) Boyle Co Ky

11 NAME OF FATHER John Williams

12 BIRTHPLACE OF FATHER (city or town) (State or country) Carter Co Ky

13 MAIDEN NAME OF MOTHER Essie Ross

14 BIRTHPLACE OF MOTHER (city or town) (State or country) Boyle Co Ky

15 (Informant) Wm J. Lillis (Address) 24 1/2 St

16 Filed 6/28 1928 (Address) Springton

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 18 1928
(Month) (Day) (Year)

17 I HEREBY CERTIFY That I attended deceased from June 17 1928 to June 18 1928 that I last saw him alive on June 18 1928 and that death occurred on the date stated above at 2:30 pm
The CAUSE OF DEATH* was as follows:
General peritonitis following
injury to abdomen - perforation
intestine - bloods.
(Duration) 36 hours

Contributory injury to abdomen
(Secondary) _____
(Duration) 36 hours

18 WHERE WAS DISEASE CONTRACTED
If not at place of death? at Springton

Did an operation precede death? No Date of June 17 28

Was there an autopsy? No

What test confirmed diagnosis? perforation

(Signed) Charles H. Brame, M. D.
(Address) Lex. Ky

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Springton DATE OF BURIAL 6/20 1928

20 UNDERTAKER E. H. Brame ADDRESS Springton Ky

WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD
M. D.—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.

MAIDEN REGISTERED FOR INDEXING