

Form No. 1
COMMONWEALTH OF KENTUCKY
 State Board of Health
 DEPARTMENT OF VITAL STATISTICS
CERTIFICATE OF DEATH

County Newman Registration District No. 310 File No. 22787
 Vol. No. 1 Primary Registration District No. 7137 Registered No. 73
 Loc. Term. month City Ward
 (If death occurred in a hospital or institution, give the name thereof)

1 FULL NAME Willie Stages

(a) Residence No. _____ St. _____ Ward _____
 (b) Place of death _____

PERSONAL AND STATISTICAL PARTICULARS

2 SEX M 3 COLOR OR HAIR W 4 Single, Married, Widowed, or Divorced _____
 5 RACE _____ 6 Age _____ 7 Sex _____

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

9 BIRTHPLACE (city or town; name of county) month

10 PARENTS
 10a NAME OF FATHER Chas Stages
 10b BIRTHPLACE OF FATHER (city or town; name of county) ky
 10c NAME OF MOTHER Delma Lewis
 10d BIRTHPLACE OF MOTHER (city or town; name of county) ky

11 (Informant) _____
 (Address) _____

MEDICAL CERTIFICATE OF DEATH

11 DATE OF DEATH Aug 5 1925 12 TIME 9:30
 13 I HEREBY CERTIFY that I attended deceased from Aug 5 1925 to Aug 6 1925
 that I last saw him alive on Aug 5 1925
 and that death occurred on the date stated above at 9:30
 The CAUSE OF DEATH was as follows:
Pneumonia - 6 1/2 mths

(Duration) _____
 (Character) Acute
 (Duration) 10 d

14 IN WHICH WAS DISEASE CONTRACTED
 If not at place of death? _____
 Did an operation precede death? _____ Date of _____
 Was there an autopsy? _____
 What test confirmed diagnosis?
 (Signed) Ed. Hestell
8/6 1925 (Address) month ky

15 PLACE OF BURIAL OR REMOVAL; DATE OF BURIAL
Funeral Home _____
Willie Stages _____

NOTE: PLACE 11 WITH UNPAID DUES... THIS IS A PERMANENT RECORD
 11. Every item of information... should be... EXACTLY. PARTICULARS should
 state CAUSE OF DEATH in plain language so that it may be properly classified. Exact statement of OCCUPATION is very
 important. See instructions on back of certificate.