

27591

Form V. S. 1-120-4-13-13

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

1 PLACE OF DEATH
County Bath
Vol. Salt Lick Registration District No. 52
Inc. Town _____ Primary Registration District No. 4046
City _____ (No. _____ St. _____ Ward _____)

File No. _____
Registered No. _____
(If death occurred in a hospital or institution, give the NAME instead of street and number.)

2 FULL NAME William M. Anespy

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Married Widowed Divorced (Write the word)

6 DATE OF BIRTH October 15, 1855
(Month) (Day) (Year)

7 AGE 77 yrs. 1 mo. 28 da. IF LESS than 1 day hrs. or min?

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

9 BIRTHPLACE (State or country) Rowan County, Ky.

10 NAME OF FATHER John M. Anespy

11 BIRTHPLACE OF FATHER (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Sarah Atchinson

13 BIRTHPLACE OF MOTHER (State or country) Kentucky

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH December 13, 1932
(Month) (Day) (Year)

17 I, HEREBY CERTIFY, That I attended deceased from 4/1, 1932, to 12/13, 1932, that I last saw him alive on 12/12, 1932, and that death occurred on the date stated above at _____ m.

The CAUSE OF DEATH* was as follows:
Bronchial asthma
72
(Duration) 70 yrs. ____ mo. ____ da.
Contributory Heart heart (Secondary)
(Duration) 5 yrs. 6 mo. ____ da.
(Signed) W. C. Shaver M. D. 12/15, 1932 (Address) Salt Lick, Ky.

*State the Disease Causing Death, or, in deaths from Violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) _____ at place _____ of death _____ yrs. ____ mo. ____ da. State _____ yrs. ____ mo. ____ da. Where was disease contracted, _____ if not at place of death? Former or usual residence Harrison Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mrs. Miranda M. Anespy
(Address) Salt Lick, Ky.

15 Dec 12 - 14 1932 W. C. Shaver
Registrar

16 PLACE OF BURIAL OR REMOVAL Geneva Cemetery DATE OF BURIAL Dec 14, 1932
17 UNDERTAKER Barnes & Horseman ADDRESS Salt Lick, Ky.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—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.