

PLACE OF DEATH

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

81627

County HopkinsVot. Pct. AntonyRegistration District No. 730

File No. _____

Inn. Town CourtesyPrimary Registration District No. 2265Registered No. 196City Madisonville, Ky(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Levi Simpson(a) Residence, No. _____ St. _____ Ward _____
(If not resident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH _____ (Month) _____ (Day) _____ (Year)

7 AGE 86 yrs. _____ mos. _____ ds. If less than 1 day _____ hrs. or _____ min)8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work Farmer (b) General nature of industry, business or establishment in which employed (or employer) _____9 BIRTHPLACE (city or town, State or country) M. C.10 NAME OF FATHER Don't know

11 BIRTHPLACE OF FATHER (city or town, State or country) _____

12 MAIDEN NAME OF MOTHER _____

13 BIRTHPLACE OF MOTHER (city or town, State or country) _____

14 (Informant) H. H. Simpson (Address) Madisonville15 Filed Jan 8 1927 W. E. Gray Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 26 1926 (Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from 11/15 1926, to 12/26 1926, that I last saw him alive on 12/26 1926, and that death occurred on the date stated above at 7 P. M.The CAUSE OF DEATH* was as follows: General Prophy, due to harden-vascular trouble

(Duration) _____ yrs. _____ mos. _____ ds.

Contributory acute Rheumatism (Secondary) cardiac trouble (Duration) _____ yrs. _____ mos. _____ ds.

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

Did an operation precede death? No Date of _____Was there an autopsy? NoWhat test confirmed diagnosis? clinical symptoms (Signed) D. A. Mett M. D. 15 1927 (Address) Madisonville

*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 spaces.)

19 PLACE OF BURIAL OR REMOVAL Crowders DATE OF BURIAL 12/27/2620 UNDERTAKER Dunn & Jones ADDRESS Madisonville

KABOBY RESERVED FOR BISSING

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 language so that it may be properly classified. Explain statement of OCCUPATION in very important. See instructions on back of certificate.