

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

9951

1 PLACE OF DEATH  
County Franklin  
Vot. Precinct Barboursville Registration District No. 811  
Ino. Town \_\_\_\_\_ Primary Registration District No. 2300  
City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

File No. \_\_\_\_\_  
Registered No. 31

2 FULL NAME William Deaton  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode) (If nonresident, 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 <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 Single Married <u>Married</u> Widowed or Divorced (Write the word)
5a If married, widowed, or divorced HUSBAND of _____ (or) WIFE of <u>Anna Deaton</u>		
6 DATE OF BIRTH <u>June 13 1894</u> (Month) (Day) (Year)		
7 AGE <u>93 yrs. 9 mos. 0 ds.</u>		IF LESS than 1 day _____ hrs. or _____ min?
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work. <u>at Home</u> (b) General nature of industry, business or establishment in which employed (or employer)		

MEDICAL CERTIFICATE OF DEATH		
16 DATE OF DEATH <u>Mar 13 1929</u> (Month) (Day) (Year)		
17 I HEREBY CERTIFY, That I attended deceased from <u>Mar 12 1929</u> to <u>Mar 13 1929</u> that I last saw him alive on <u>Mar 12 1929</u> and that death occurred on the date stated above at _____ m. The CAUSE OF DEATH* was as follows: <u>Double pneumonia</u>		
_____ (Duration) _____ yrs. _____ mos. _____ ds.		
Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.		

9 BIRTHPLACE (city or town) _____ (State or country)	
PARENTS	10 NAME OF FATHER <u>James Deaton</u>
	11 BIRTHPLACE OF FATHER (city or town) _____ (State or country)
	12 MAIDEN NAME OF MOTHER <u>Anna Murphy</u>
13 BIRTHPLACE OF MOTHER (city or town) _____ (State or country)	

18 WHERE 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) _____ M. D. <u>3/13, 1929</u> (Address) <u>Wilkes Street</u>	

14 (Informant) Miss Polly Thibod  
(Address) Middleton, Ky.

19 PLACE OF BURIAL OR REMOVAL <u>White Cemetery</u>	DATE OF BURIAL <u>9/14 29</u>
20 UNDERTAKER <u>Wilson &amp; Sons</u>	ADDRESS <u>Barboursville</u>

15 File Mar 13 29 D. P. Wilson  
Registrar  
dc 7 29  
13/24

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.  
MARGIN RESERVED FOR NOTES