

COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

17448

File No.

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

1 PLACE OF DEATH
 County Baren
 Vol. Pct. Tracy
 Inc. Town
 City (No. St. Ward)

Registration District No. 41
 Primary Registration District No. 4

2 FULL NAME William O Wood

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Married
 Married Married
 Widowed or Divorced (Write the word)
 6 DATE OF BIRTH May 5, 1885
 (Month) (Day) (Year)
 7 AGE 68 yrs. 2 mos. 10 ds. IF LESS than 1 day hrs. or min?
 8 OCCUPATION
 (a) Trade, profession or particular kind of work Farmer
 (b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) W. Va.

10 NAME OF FATHER Willis Wood
 11 BIRTHPLACE OF FATHER (State or country) W. Va.
 12 MAIDEN NAME OF MOTHER Elyza Tiger
 13 BIRTHPLACE OF MOTHER (State or country) W. Va.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. Wood15 PLACE OF BURIAL OR REMOVAL Boring Church16 DATE OF BURIAL July 16, 192317 UNDEPTAKER Jerry Smith

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 15, 1923
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 7, 1923, to July 15, 1923, that I last saw him alive on June 14, 1923, and that death occurred on the date stated above at 10 m.

The CAUSE OF DEATH* was as follows:

Leucemia Axiata(Duration) 2⁹ yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

(Signed) J. S. Hughes, M. D.
July 16, 1923 (Address) 7th Avenue, 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. mos. ds. In the State yrs. mos. ds.

Where was disease contracted,

If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Wood Cemetery July 16, 1923

20 UNDEPTAKER

ADDRESS J. C. Jones, Toulon, 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. EX. Statement of OCCUPATION is very important. See instructions on back of certificate.