

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS

12153

File No. 18

Registered No.

1. PLACE OF DEATH

County Rockcastle

CERTIFICATE OF DEATH

Vot. Pct. West Mt. Vernon

Registration District No. 1305

Inc. Town _____

Primary Registration District No. 7302

City _____ (No. _____ St., _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME William Ambrose Taylor

(a) Residence. No. near Mt. Vernon _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 26 yrs. _____ mo. _____ da. How long in U. S., if of foreign birth _____ yrs. _____ mo. _____ da.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Married

21. DATE OF DEATH June 20, 1937

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Magie Taylor

22. I HEREBY CERTIFY That I attended deceased from June 18, 1937 to June 20, 1937. I last saw him alive on June 20, 1937. Death is said to have occurred on the date stated above, at 11:15 a.m. The principal cause of death and related causes of importance in order of onset were as follows:

6. DATE OF BIRTH 1894 Sept 10

apoplexy Date of onset 1897

7. AGE Years 63 Months 10 Days 10 If LESS than 1 day _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Railroad labour

Contributory causes of importance not related to principal cause:

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE Rockcastle Co Ky

13. NAME William Taylor

14. BIRTHPLACE Kentucky

15. MAIDEN NAME Delila Cox

16. BIRTHPLACE Tenn

17. INFORMANT Tom Taylor
(Address) W. E. Vernon Ky

18. BURIAL, CREMATION OR REMOVAL
Place Elmwood Date 6-22 1937

19. UNDERTAKER W. A. Cap & Son
(Address) W. E. Vernon, Ky

20. FILED 7/5, 1937 S. Bowman
Registrar

Name of operation None Date of _____
What test confirmed diagnosis? None Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? date of injury _____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No If so specify _____

(Signed) M. Peerington M. D.
(Address) W. E. Vernon Ky