Form V. R. 1-a

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

28706

1. PLACE OF DEATH

County _Barren_

Vot. Pot. _____

Inc. Town _____

City _Glasgow_

File No. _____

Registered No. _____

Registration District No. _40_

Primary Registration District No. _2020_

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

2. FULL NAME _William Joseph Harlin_

(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	MEDICAL CERTIFICATE OF DEATH

3. SEX _male_

4. COLOR OR RACE _White_

5. Single, Married, Widowed or Divorced (write the word) _Married_

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _Sallie Harlin_

6. DATE OF BIRTH _Dec 27_   _1862_

7. AGE Years _72_ Months _11_ Days _27_ If LESS than 1 day ...hrs. or ...min.

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

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 _Ky._

13. NAME _Balee Harlin_

14. BIRTHPLACE _Tenn_

15. MAIDEN NAME _? Hustens_

16. BIRTHPLACE _Tenn_

17. INFORMANT _Ura Harlin_

(Address) _Glasgow_

18. BURIAL, CREMATION, OR REMOVAL
Place _Glasgow_   Date _Dec 24_, _193_

19. UNDERTAKER _F. P. Williams_

(Address) _Glasgow_

20. FILED _12/23_, 1935   _H. P. Raff_   Registrar.

21. DATE OF DEATH _Dec 23_, 19_35_

22. I HEREBY CERTIFY, That I attended deceased from _____, 19___ to _____, 19___
I last saw h___ alive on _____, 19___, death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance in order of onset were as follows:

	Date of onset
Coronary Occulsion	_12/22/35_

Contributory causes of importance not related to principal cause:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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 _____ 19___
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? _____ If so, specify _____

(Signed) _____, M. D
Address) _Glasgow Ky_