

Commonwealth of Kentucky

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Barren

Vol. Pct.

Glasgow

Registration District No.

Ino. Town

Primary Registration District No. 2020

City

(No. St. Ward)

File No. 53

Registered No.

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

2 FULL NAME Willie Emmett Wood

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M 4 COLOR OR RACE W 5 ⁵ never MARRIED, WIDOWED OR DIVORCED (Write the word)

6 DATE OF BIRTH 1 (Month) (Day) (Year)

7 AGE 10² yrs. mos. 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) Ky.10 NAME OF FATHER Willie Wood11 BIRTHPLACE OF FATHER (State or country) Va.12 MAIDEN NAME OF MOTHER Elyza Fortune13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Buford Wood(Address) Glasgow15 Filed 1/22 1920 J. M. Rapp

REGISTAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 21 1920 (Month) (Day) (Year)17 I HEREBY CERTIFY, that I attended deceased from Jan. 14, 1920, to Jan. 21, 1920, that I last saw him alive on Jan. 20, 1920, and that death occurred on the date stated above at his home. The CAUSE OF DEATH was as follows:Double Lobar Pneumonia with Heart Failure

(Duration) yrs. mos. ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) J. M. Rapp, M. D. Jan 22 1920 (Address) Glasgow, 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. State yrs. mos. ds.

Where was disease contracted, if not at place of death? action Former or usual residence19 PLACE OF BURIAL OR REMOVAL Wood Graveyard DATE OF BURIAL 1/22 192020 UNDERTAKER W. L. Jackson ADDRESS Glasgow

WRITE CAREFULLY WITH DEPAINTING INK. THIS IS A PRELIMINARY REPORT. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in full terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See these instructions on back of certificate.