

P
 Commonwealth of Kentucky
 STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Johnson

Vol. 14

Ino. Town Oil Springs

City Hy.

Registration District No. 4

Primary Registration District No. 6390

(No. St., Ward)

File No. 5019

Registered No. 19

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

2 FULL NAME William Elgie Littleal

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

16 DATE OF DEATH July 26, 1920
(Month) (Day) (Year)

6 DATE OF BIRTH May 25, 1849
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 1st, 1917, to July 5th, 1920, that I last saw him alive on July 5, 1920, and that death occurred on the date stated above at m. The CAUSE OF DEATH* was as follows:

7 AGE 70 yrs. mos. ds. **IF LESS than 1 day ... hrs. or ... min.?**

18 Cerebral Anaemia
(Duration) 3 yrs. mos. ds.

8 OCCUPATION
(a) Trade, profession, or particular kind of work. Cornth. atty.
(b) General nature of industry business or establishment in which employed (or employer)

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

9 BIRTHPLACE (State or country) Hy.

10 NAME OF FATHER Hairston Littleal

(Signed) P. M. Witten, M. D.
July 27, 1920 (Address) Oil Springs

11 BIRTHPLACE OF FATHER (State or country) Va

12 MAIDEN NAME OF MOTHER Catherine Poney

13 BIRTHPLACE OF MOTHER (State or country) Hy.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant)

15 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?

(Address)

Former or usual residence

15 W. E. Littleal
REGISTRAR

19 PLACE OF BURIAL OR REMOVAL **DATE OF BURIAL**
....., 191...

20 UNDERTAKER **ADDRESS**

Filed Mar 10, 1921