

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

24985

1 PLACE OF DEATH

County Ohio

Vol. Pot. West Branch

Ino. Town

City

Registration District No. 905

Primary Registration District No. 7214

File No.

Registered No.

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

2 FULL NAME Orestes Willoughby

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widower
(Write the word)

6 DATE OF BIRTH Nov 11, 1847
(Month) (Day) (Year)

7 AGE 73 yrs. 11 mos. 12 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) NY

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 23, 1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 18, 1921, to Oct 22, 1921, that I last saw him alive on Oct 22, 1921, and that death occurred on the date stated above at 5 P.M. The CAUSE OF DEATH* was as follows:
Emphysema

(Duration)..... yrs..... mos. 5 ds.

Contributory (SECONDARY)..... (Duration)..... yrs..... mos..... ds.
(Signed) E. B. Decker, M. D. (Address)....., 191.....

*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.....

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Wm. W. Willoughby
(Address) Beaver Dam

15 Filed 12.10.1921 John P. Hunt REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Cherry Lane DATE OF BURIAL Oct 24, 1921

20 UNDERTAKER H. C. Cabelman ADDRESS Beaver Dam

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. PHYSICIAN'S
should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION in very important. See instructions on back of certificate.