FORM V S 1-500M 2-29-12

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 36413

Registered No. 563

1 PLACE OF DEATH

County Jefferson

Vol. Dist. Louisville Registration District No. 1040

Inc. Town Primary Registration District No. 6338

City (No. St.,

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

2 FULL NAME William Paul Flood

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: June 16, 1862 (Month) (Day) (Year)

7 AGE: 55 yrs. 4 mos. 2 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): Shelby Co Ky

PARENTS

10 NAME OF FATHER: Harrison Flood

11 BIRTHPLACE OF FATHER (State or country): Shelby Co Ky

12 MAIDEN NAME OF MOTHER: Mary E. Polk

13 BIRTHPLACE OF MOTHER (State or country): Shelby Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. W. Flood

(Address) Louisville Ky

15 Filed 10/24, 1917 F. D. Craft REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Oct. 15 (Month) (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 15, 1917, to Oct 17, 1917, that I last saw him alive on Oct 17, 1917, and that death occurred on the date stated above at 4 A.M. The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) yrs. mos. 3 ds.

Contributory (SECONDARY) Bronchial Asthma

(Duration) yrs. mos. ds.

(Signed) H. D. Berryman M. D.

Oct 19, 1917 (Address) Buechanage

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) NATURE 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

19 PLACE OF BURIAL OR REMOVAL: Eddy Point DATE OF BURIAL: Oct 19, 1917

UNDERTAKER: Geo. Field & Son ADDRESS: Shelbyville Ky

11—3184