

BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Martin

21
 Vol. No. F 21 Registration District No. 270

Ino. Town Central City Primary Registration District No. 2435

City (No. St. Ward)

3 FULL NAME Edward H. AMOS

File No. 2008

Registered No.

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

PERSONAL AND STATISTICAL PARTICULARS

4 SEX M	5 COLOR OR RACE White	6 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (Write the word)
8 DATE OF BIRTH April 9, 1877 (Month) (Day) (Year)		
7 AGE 45 yrs. 9 mos. 13 ds.		IF LESS than 1 day ... hrs. or ... min.?
9 OCCUPATION (a) Trade, profession, or particular kind of work Labor (b) General nature of industry, business or establishment in which employed (or employer)		

10 BIRTHPLACE (State or country)
Warne Co. KY

10 NAME OF FATHER
M. J. AMOS

11 BIRTHPLACE OF FATHER (State or country)
Warne Co. Ky.

12 MAIDEN NAME OF MOTHER
Mary Spencer

13 BIRTHPLACE OF MOTHER (State or country)
Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. L. ...
(Address) Central City, Ky

15 Filed 2/21/1921 A. L. Blumfield
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
Jan 22, 1921
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from, 191..., to, 191..., and that death occurred on the date stated above at m. The CAUSE OF DEATH was as follows:

Acute myocardial degeneration
Secondary to myocardial degeneration
(Duration) ... yrs. ... mos. ... ds.

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

(Signed) D. D. ... M. D.
Jan 26, 1921 (Address) Central City, 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 REGENT 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
St. Zion

DATE OF BURIAL
Jan 24, 1921

20 UNDERTAKER
Martin Thomas

ADDRESS
Central City, Ky