

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County MitchellVot. Pot. UnionvilleRegistration District No. 871

Ino. Town.....

Primary Registration District No.

City.....

(No.)

St.,.....

Ward).....

2 FULL NAME Eligah J. Anderson

File No.

Registered No. 5

[If death occurred in a hospital, nursing home, or other institution, give the name and number.]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OR RACE

White5 SINGLE,
MARRIED,
WIDOWED,
OR DIVORCED
(Write the word)Married

6 DATE OF BIRTH

1887
(Month) (Day) (Year)

7 AGE

67 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

Wm. Anderson11 BIRTHPLACE OF FATHER
(State or country)Ky.

12 MAIDEN NAME OF MOTHER

Nancy13 BIRTHPLACE OF MOTHER
(State or country)Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant).....

(Address).....

15

Filed June 20 1918 Wm. C. & C. Smith
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

June 18, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased

from 1916, to June 1st, 1918,
that I met saw him alive on June 1, 1918,
and that death occurred on the date stated above
at 3 P. m. The CAUSE OF DEATH* was as follows:DysenteryContributory
(SECONDARY)..... (Duration) 3 yrs. mos. ds.(Signed) W. C. Smith (Duration) yrs. mos. ds.6-15, 1918 (Address) Mitchell, 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. 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

DATE OF BURIAL

....., 1918

20 UNDERTAKER

ADDRESS

WRITE PLAIN WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.