

State Board of Health
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH

County Mitchell

CERTIFICATE OF DEATH

File No. _____

2. FULL NAME

City Greenmills Registration District No. 1093
Primary Registration District No. 2436Registered No. 80

City _____

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

2. FULL NAME Edward Delongo Bandy(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed or Divorced (write the word)5a. If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6. DATE OF BIRTH May 2 18717. AGE Years 44 Months 4 Days 9 If LESS than 1 day.....hrs. or.....min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Chief Police

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE Greenmills Ky.13. NAME Jeffy Bandy14. BIRTHPLACE Doon Co. Tenn15. MAIDEN NAME Robert L. Dominon16. BIRTHPLACE Mt. Vernon Co. Ky17. INFORMANT R. C. Bandy(Address) Greenmills Ky

18. BURIAL CREMATION OR REMOVAL

Place Hoodlown Date 9/12 193519. UNDERTAKER Greenmills Funeral Home(Address) Greenmills Ky20. FILED 9-12 1935 R. L. Coulter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept 11, 1935

22. I HEREBY CERTIFY, that I attended deceased from _____ 19____ to _____ 19____

I last saw him alive on _____ 19____. Death is held to have occurred on the date stated above, at 7:20 P.M.
The principal cause of death and related causes of importance in order of onset were as follows:Shot self through chest with .45 Calib. Pistolaccident 187

Contributory causes of importance not related to principal cause:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
 accident suicide, or homicide? _____ date of injury _____ 19____

Where did injury occur? _____

(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Police Court Room

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of

deceased? _____ If so, specify _____

(Signed) Lewis Bryan(Address) Central City Ky

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY IN INK—This is a permanent record. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S 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.