

19231

Form V. S. 2-300a-4-10-19

COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County MuhlenbergVet. Post Bremen 31

Inc. Town.....

City.....

Registration District No. 1086Primary Registration District No. 6814File No. 1Registered No. 59

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

2 FULL NAME Eligah Bennett

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE white 5 Single married
Married widowed
or Divorced
(Write the word)6 DATE OF BIRTH Mar 27 - 1844
(Month) (Day) (Year)7 AGE 80 yrs. 4 mos. 20 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) Ky10 NAME OF FATHER Amos Bennett11 BIRTHPLACE OF FATHER (State or country) Ky12 MAIDEN NAME OF MOTHER Matilda Richey13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) W. E. C. Bennett(Address) R.R. 1 Bremen Ky15 Filed Sept 5, 1924 C. P. Robertson
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 17 - 1924
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from July 29, 1924, to Aug 17, 1924, that I last saw him alive on Aug 16, 1924, and that death occurred on the date stated above at 12:30 p.m.

The CAUSE OF DEATH* was as follows:

Apoplexy

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

Contributory (Secondary) Cirrhosis of liver

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

(Signed) C. P. Robertson, M. D.Aug 18, 1924 (Address) Bremen 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, C.P.C.if not at place of death? 4668Former or usual residence 7-19-4519 PLACE OF BURIAL OR REMOVAL Sharon Chapel DATE OF BURIAL Aug 18, 192420 UNDERTAKER J. P. Tucker & Co. Bremen Ky ADDRESS

MARKED REMOVED FOR INDEXING

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. 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.