

**COMMONWEALTH OF KENTUCKY**  
State Board of Health  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

1 **PLACE OF DEATH**  
County Mackinburg Co.  
Vot. Pct. Greenwell  
Inc. Town Greenwell  
City (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. 13792  
Registered No. \_\_\_\_\_

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

2 FULL NAME Edwira Bennett

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX female 4 COLOR OR RACE Col 5 Single  Married  Widow  Divorced   
(Write the word)  
6 DATE OF BIRTH Month unknown Day Year  
7 AGE 81 yrs. mos. ds. IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min?  
8 OCCUPATION (a) Trade, profession or particular kind of work Domestic  
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Ky  
10 NAME OF FATHER unknown  
11 BIRTHPLACE OF FATHER (State or country) unknown  
12 MAIDEN NAME OF MOTHER unknown  
13 BIRTHPLACE OF MOTHER (State or country) unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Edwira Bennett  
(Address) Greenwell Ky

15 Filed 6/1/26 1926 Edwira Bennett Registrar

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH May 30 1926  
(Month) (Day) (Year)  
17 I HEREBY CERTIFY, That I attended deceased from April 1, 1926, to May 30, 1926, that last saw her alive on May 29, 1926, and that death occurred on the date stated above at 2 P.M.  
The CAUSE OF DEATH\* was as follows:  
Acute Myocarditis  
(Duration) 6 weeks mos. ds.  
Contributory (Secondary) Desaturation (Duration) 4 weeks yrs. mos. ds.  
(Signed) Wm. P. B. [Signature] M. D.  
May 29, 1926 (Address) Greenwell 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) \_\_\_\_\_ In the \_\_\_\_\_ at place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Where was disease contracted, if not at place of death? \_\_\_\_\_ Former or usual residence \_\_\_\_\_

19 NAME OF BURIAL OR REMOVAL DATE OF BURIAL Edwira Bennett May 31 1926  
20 PLACE ADDRESS Greenwell Ky

21 SIGNATURE Wm. P. B. [Signature]

WRITE PLAINLY, IN UNFADING INK—THIS IS A PERMANENT RECORD

NAME RESERVED FOR KIDING

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.