

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Muhlenberg
Vol. No. Hillside
Loc. Town
City (No. St. Ward)

Registration District No. 7136
Primary Registration Dist. No. 16

File No. 8316
Registered No. 67

2 FULL NAME Ezekiel Dillow

[If death occurred in a hospital or institution give the NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

16 DATE OF DEATH March 6, 1914
(Month) (Day) Year

6 DATE OF BIRTH Oct 6, 1837
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 6, 1914, to March 6, 1914

7 AGE 82 yrs. 00 mos. 00 ds. If LESS than 1 day... hrs, or... min.?

that I last saw him alive on March 6, 1914, and that death occurred, on the date stated above, at 5 m.

8 OCCUPATION (a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry business, or establishment in which employed (or employer)

The CAUSE OF DEATH* was as follows:
Hypertrophy of heart

9 BIRTHPLACE (State or country) Maryland

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

PARENTS

10 NAME OF FATHER Don't know

11 BIRTHPLACE OF FATHER (State or country) Don't know

12 MAIDEN NAME OF MOTHER Don't know

13 BIRTHPLACE OF MOTHER (State or country) Don't know

(Signed) E. B. Stutz, M. D.
March 6, 1914 (Address) Kennett

*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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) George James
(Address) Central City

15 Mar 5, 1914 Mrs W M Hunter
REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Jays B Ground DATE OF BURIAL Mar 8, 1914

20 UNDERTAKER Martin Brown ADDRESS Central City

U. S. - Every item of information should be carefully checked. AGE should be stated FULLY. Physicians should state CAUSE OF DEATH in plain English, so that it may be properly classified. Examine statement of OCCUPATION in very important. See instructions on back of certificate.