

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHFile No. **29315**
Registered No. **102**

1. PLACE OF DEATH

County MuhlenbergVot. Pct. J. E. Rogger

Inc. Town _____

Registration District No. 109.3Primary Registration District No. 0838City _____ (No. _____ St. _____ Ward _____)
If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Howell Elliot Eades IF VETERAN, WHAT WAR? _____(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 Male 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH Nov 2
7. AGE Years 78 Months _____ Days 21 If LESS than 1 day.....hrs. or.....min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE Muhlenberg13. NAME Lewis Eades14. BIRTHPLACE Ty.15. MAIDEN NAME Lavill16. BIRTHPLACE Ty.17. INFORMANT J. R. Eades(Address) Deputy Ty.

18. BURIAL, CREMATION, OR REMOVAL

Place Friendship Date Nov-24, 193719. UNDERTAKER Parker & Surg.(Address) Greenville Ty.20. FILED 11-23-37 P. R. Coulter Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov-23, 193722. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1937 to Nov 18, 1937I last saw him alive on Nov 18, 1937, death is said to have occurred on the date stated above, at 7:30 P.M. The principal cause of death and related causes of importance in order of onset were as follows:Chronic Sustained Hypertension Date of onset _____

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 _____ 1937

Where did injury occur? _____

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

Manner of injury _____

Nature of injury _____

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

deceased? _____ If so, specify _____

(Signed) J. C. Woodburn M. D.(Address) Greenville 19

MARGIN RESERVED FOR BINDING

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