

1 PLACE OF DEATH

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHCounty Middlebury

Vot. Pot.

Registration District No. 871

File No.

Inc. Town

Primary Registration District No. 2496Registered No. 5127City Kremell (No. P)

St.,

Ward)
 (If death occurred in a hospital or institution, give its name, instead of street and number.)2 FULL NAME Jas B. Eades,

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, OR DIVORCED Married
(Write the word)6 DATE OF BIRTH July 28, 1877
(Month) (Day) (Year)7 AGE 40 yrs. 6 mos. 13 ds. IF LESS THAN 1 day... hrs. or... min.?8 OCCUPATION (a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Middlebury County10 NAME OF FATHER John W. Stewart11 BIRTHPLACE OF FATHER (State or country) Foxon County12 MAIDEN NAME OF MOTHER Elizabeth Smith13 BIRTHPLACE OF MOTHER (State or country) Middlebury

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) R. E. Eades(Address) Greenwood Ky

15

Filed 7/13, 1918.

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 11, 1918
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Sept 3, 1917, to Feb 11, 1918, that I last saw her alive on Feb 11, 1918, and that death occurred on the date stated above at 8:30 p.m. The CAUSE OF DEATH* was as follows:Tuberculosis of lungs
(Duration) 2 yrs. 3 mos. 12 ds.

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

(Signed) C. R. Hamer M. D. 7/13, 1918 (Address) Greenwood 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, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Greenwood Cemetery DATE OF BURIAL 7/13, 191820 UNDERTAKER Wm. L. Boone ADDRESS Greenwood Ky