FORM V S 1-500M 2-29-12

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

14188

File No. .....

Registered No. 6

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

1 PLACE OF DEATH

County Muhlenberg

Reg. Dist. No. 870

Vet. Plot S.C.C.

Primary Registration District No. 2435

Inc. Town Central City

(No. ..... St., ... Ward)

City .....

2 FULL NAME James H. Eades

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED WIDOWED, OR DIVORCED (Write the word): W

6 DATE OF BIRTH: Feb 10, 1844 (Month) (Day) (Year)

7 AGE: 77 yrs. 2 mos. 28 ds.

IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country): Muhlenberg

PARENTS

10 NAME OF FATHER: Nathan Eades

11 BIRTHPLACE OF FATHER (State or country): West Virginia

12 MAIDEN NAME OF MOTHER: Hancock

13 BIRTHPLACE OF MOTHER (State or country): Dont Know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C E Eades

(Address) Central City

15 Filed 4/30, 1922 G. L. Blackford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March 3, 1922 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 20, 1922 to March 3, 1922, that I last saw him alive on March 3, 1922, and that death occurred on the date stated above at 12 m. The CAUSE OF DEATH* was as follows:

Pneumonia

(Duration) ... yrs. ... mos. 12 ds.

Contributory (secondary) .....

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

(Signed) J. C. P. Walton, M. D.

March 4, 1922 (Address) Central City 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 .....

PLACE OF BURIAL OR REMOVAL: My Farmstead

DATE OF BURIAL: 3/5, 1922

20 UNDERTAKER: Martin Moore

ADDRESS: Central City Ky

11—3184

B. B.—Every item of information should be carefully supplied. Age should be given EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Before signature of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD