

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

22656

PLACE OF DEATH
County *Jefferson*
City *Louisville*
No. *10*
Street *W. 10th*

Registration District No. *7-122*
Primary Registration District No.

File No.
Registered No. *91*

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

Ino. Town..... (No. Sts., Ward)
City..... (No. Sts., Ward)
FULL NAME *M. S. Eads*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Male* 4 COLOR OR RACE *white* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *unmarried*
(Write the word)

16 DATE OF DEATH *Oct 25 1921*
(Month) (Day) (Year)

6 DATE OF BIRTH *April 10 1848*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Oct 25, 1921*, to *Oct 25, 1921*, that I last saw him alive on *Oct 25, 1921*, and that death occurred on the date stated above at *4 P.M.* The CAUSE OF DEATH* was as follows:
Sep. L. anemia

7 AGE *73 yrs. 6 mos. 13 ds.* IF LESS than 1 day... hrs. or... min.?

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

(Duration) ... yrs. ... mos. ... ds.
Contributory *infected heart (left)*
(SECONDARY) (Duration) ... yrs. ... mos. ... ds.
(Signed) *J. C. Woodburn*, M. D.
(Address) *Midland Ky.*

9 BIRTHPLACE (State or country) *Ky*

10 NAME OF FATHER *Louis Eads*

11 BIRTHPLACE OF FATHER (State or country) *Ky*

12 MAIDEN NAME OF MOTHER *Nancy Lovell*

13 BIRTHPLACE OF MOTHER (State or country) *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, TRANSPORTS OR RECENT RESIDENTS)

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *C. W. Butcher*

(Address) *Central City, Ky.*

19 PLACE OF BURIAL OR REMOVAL *See Burial* DATE OF BURIAL *1921*

15 Filled *Nov 2, 1921* by *W. C. Young* REGISTRAR

20 UNDERTAKER *J. C. Woodburn* ADDRESS *Midland Ky.*

WRITE PLAINLY WITH NEATNESS. THIS IS A PERMANENT RECORD. 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.