

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

9102

PLACE OF DEATH
 County *Muhlenberg*
 City *East Rogues*
 Ino. Town
 No.
 Primary Registration District No. *7/3*
 Registration District No. *871*
 File No.
 Registered No.
 (If death occurred in a hospital or institution, give its name instead of the name of the place.)
 FULL NAME *A. Adams* St. *Eades* Ward *1*

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* COLOR OR RACE *White* SINGLE, MARRIED, WIDOWED OR DIVORCED *Widowed*
 (Write the word)

DATE OF BIRTH 1
 (Month) (Day) (Year)

AGE *100* yrs. mos. ds. IF LESS than 1 day ... hrs. or ... min.?

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

BIRTHPLACE (State or country) *Muhlenberg County*

10 NAME OF FATHER *Louis Eades*

11 BIRTHPLACE OF FATHER (State or country) *Muh. County*

12 MAIDEN NAME OF MOTHER *Lorell*

13 BIRTHPLACE OF MOTHER (State or country) *Muh. County*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Ch. L. ...*
 (Address) *Greenville, Ky*

15 FILED *7/16*, 1917 *C. B. Wickliffe*
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *July 28* 1917
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Feb 25*, 1917, to *Feb 27*, 1917, that I last saw him alive on *Feb 27*, 1917, and that death occurred on the date stated above at *11:30 P.M.* The CAUSE OF DEATH was as follows:

Dilatation of heart and general dropsy

(Duration) *9* yrs. mos. ds.
 Contributory (SECONDARY) *Dropsy*

(Duration) *2* yrs. mos. ds.
 (Signed) *H. J. Blanton*, M. D.
 (Address) *Greenville, 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. State. yrs. mos. ds.
 Where was disease contracted, if not at place of death?
 Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Eades Burial Yard*
 DATE OF BURIAL *3/1*, 1917

20 ADDRESS *Greenville, Ky*
 U. S. DEPARTMENT OF HEALTH
 Oron K. Board