

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

1 PLACE OF DEATH

County *Muhlenberg*Vet. Post *W. B. Rogers*

Ino. Town

City

Registration District No. *771*Primary Registration District No. *7135*

(No. St., Ward)

File No. *31302*

Registered No.

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

3 FULL NAME *W. H. Eades*

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH *Feb 13, 1873*
(Month) (Day) (Year)

7 AGE *44* yrs. *9* mos. *16* ds. IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) *Muh. Co. Ky.*

PARENTS
10 NAME OF FATHER *Lewis Eades*
11 BIRTHPLACE OF FATHER (State or country) *not known*
12 MAIDEN NAME OF MOTHER
13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *W. E. Smith*
(Address) *Greenville Ky.*

15 Filed *Dec 30, 1917* *W. E. Smith* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Nov. 29, 1917*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Nov 21*, 1917, to *Nov 29*, 1917, that I last saw him alive on *Nov 27*, 1917, and that death occurred on the date stated above at *12:45 PM* m. The CAUSE OF DEATH was as follows:

Pneumonia & phar.
(Duration) ... yrs. ... mos. *7* ds.

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

(Signed) *Geo. H. Grace*, M. D.
Nov 29, 1917 (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. 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 *Pleasant Hill Bury* DATE OF BURIAL *Nov-30, 1917*

20 UNDERTAKER *McDonald & DeWitt* ADDRESS *Greenville Ky.*