

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

1 PLACE OF DEATH
County Middlebury

Vol. Pot. Graham

Registration District No. 7140

Ino. Town..... Primary Registration District No.

City..... (No. Ellis Earle St.,..... Ward)

2 FULL NAME.....

File No. 14669

Registered No. 10

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

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 July 10, 1880
(Month) (Day) (Year)

7 AGE 39 yrs. - 9 mos. - 9 ds. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) McNary Ky

10 NAME OF FATHER R. N. Earle

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Jessie Coleman

13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Leslie Earle
(Address) Graham

15 Filed 9/24, 1919 J. C. Keeney REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 19, 1919
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 18th, 1919, to Feb 19th, 1919, that I last saw him alive on Tue, 19th, 1919, and that death occurred on the date stated above at 11 a.m. The CAUSE OF DEATH* was as follows:

Strain related to acquired Nephritis and General Peritonitis

(Duration)..... yrs..... mos. 2 ds.

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

(Signed) T. J. Edge, M. D.

2/19/19, 1919. (Address) Graham 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 Graham Ky

DATE OF BURIAL Feb 20, 1919

20 UNDERTAKER R. J. Beard

ADDRESS Graham Ky

DELAY

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 OCCASION is very important. See instructions on back of certificate.