

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

with 1930 record
and 1931 record
nearby

1 PLACE OF DEATH
County Muhlenberg

City Deport Ky (No. _____ St. _____ Ward _____)
(If death occurred in hospital or institution, give its name instead of street and number)

2 FULL NAME Ernest Earle

(a) Residence. No. _____ St. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Col 5 Single Single
Married
Widowed
or Divorced
(Write the word)

5a If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____

6 DATE OF BIRTH June 12 1892
(Month) (Day) (Year)

7 AGE 36 yrs. mos. ds. IF LESS than 1
day _____ hrs.
or _____ min?

8 OCCUPATION OF DECEASED

(a) Trade, profession or
particular kind of work Farmer

(b) General nature of industry,
business or establishment in
which employed (or employer) _____

9 BIRTHPLACE (city or town)
(State or country) Deport Ky

PARENTS

10 NAME OF FATHER Bradley Earle

11 BIRTHPLACE OF FATHER (city or town)
(State or country) Deport Ky

12 MAIDEN NAME OF MOTHER Emma Earle

13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Deport Ky

14 (Informant) Bradley Earle
(Address) Deport Ky

15 Filed July 15, 1930 C. B. Wickliffe,
By M. Wells. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 11, 1930
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased
from June 1, 1930 to June 11, 1930,
that I last saw him alive on June 11, 1930

and that death occurred on the date stated above at _____ m.
The CAUSE OF DEATH* was as follows:

Intestinal Tuberculosis

(Duration) _____ yrs. mos. ds.

Contributory Colitis
(Secondary)

(Duration) _____ yrs. mos. ds.

18 WHERE WAS DISEASE CONTRACTED

If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) R. P. Bailey M. D.
July 23 1930 (Address) Central City Ky

*State the Disease Causing Death, or, in deaths from Violent
Causes, state (1) Means and nature of Injury; and (2) whether
Accidental, Suicidal or Homicidal. (See reverse side for additional
space.)

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Wrights Grove Ford June 12, 1930
2 UNDERCRAFTER ADDRESS
Jas E. George Central City Ky

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

No. 5.—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.

MARKER RESERVED FOR INDEXING