

1 PLACE OF DEATH

County Muhlenberg State Board of Health  
 Bureau of Vital Statistics  
 Certificate of Death  
 File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 Vet. Pat. Deputy 1st Registration District No. 1093  
 Inc. Town \_\_\_\_\_ Primary Registration District No. 6855  
 City Deputy Ky (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Ernest Erles

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (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 W 5 Single?  Married  Widowed  or Divorced  (Write the word)  
 6a If married, widowed, or divorced HUSBAND of \_\_\_\_\_ (or) WIFE of Single  
 6 DATE OF BIRTH June 12- 1894  
 (Month) (Day) (Year)  
 7 AGE 36 yrs. — mos. — ds. IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min?

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 11, 1931  
 (Month) (Day) (Year)  
 17 I HEREBY CERTIFY, That I attended deceased from June 1, 1931 to June 11, 1931, that I last saw him alive on June 11, 1931, and that death occurred on the date stated above at 5 p.m.  
 The CAUSE OF DEATH\* was as follows:  
Septicemia  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Contributory Diabetes  
 (Secondary) to \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

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) \_\_\_\_\_

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. W. B. Wiley, M. D.  
June 23, 1931 (Address) Central City

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

PARENTS

10 NAME OF FATHER Bradley Erles  
 11 BIRTHPLACE OF FATHER (city or town) \_\_\_\_\_ (State or country)  
 12 MAIDEN NAME OF MOTHER Emma Erles  
 13 BIRTHPLACE OF MOTHER (city or town) Deputy Ky (State or country)

14 (Informant) Bradley Erles  
 (Address) Deputy 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.)  
 15 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  
County, Ky June 20, 1931  
 ADDRESS  
Samuel George Deputy Ky

15 Filed July 15 1930 W. B. [unclear]  
 By M. W. [unclear] Registrar

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
 N. B.—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.  
 NAME EMPLOYED FOR SERVICE