

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

1 PLACE OF DEATH
County Middlebury
Vol. Pat. W. C. Harris
Inc. Town
City Greenville Ky (No. St.) Ward

871
7131

File No. 22871
Registered No. 871
(If death occurred in a hospital or institution, give the NAME instead of street and number.)

3 FULL NAME George Washington Eaves

PERSONAL AND STATISTICAL PARTICULARS

4 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married
6 DATE OF BIRTH February 5th 1840
(Month) (Day) (Year)

7 AGE 75 yrs. 7 mos. 16 ds. If LESS than 1 day hrs. or min.?

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

9 BIRTHPLACE (State or country) Hopkins County Ky.

10 NAME OF FATHER John Smith Eaves

11 BIRTHPLACE OF FATHER (State or country) Middlebury Ky

12 MAIDEN NAME OF MOTHER Hannah Turberville

13 BIRTHPLACE OF MOTHER (State or country) Hopkins County

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Nell Eaves
(Address) Greenwell Ky

15 Filed 9/22, 1915 E. B. Wieschiffe
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH September 21, 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb, 1914, to Sept 21, 1915, that I last saw him alive on Sept 21, 1915, and that death occurred, on the date stated above, at 6 P.M.

The CAUSE OF DEATH* was as follows:
Apoplexy following
arteriosclerosis

(Duration) yrs. mos. ds.
Contributory Chronic Intestinal Pyloric
(SECONDARY) Stenosis
(Duration) yrs. mos. ds.

(Signed) Charles Wilson
Sept 21, 1915 (Address) Greenwell 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, TRAININGS 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?

19 PLACE OF BURIAL OR REMOVAL Evergreen Cemetery DATE OF BURIAL 9/22, 1915

20 UNDERTAKER Oren L. Roark ADDRESS Greenwell, Ky

MAILED FOR RECORD

WRITE PLAINLY WITH INK AND THIS IS A PUNISHMENT SYSTEM

U. S.—Every item of information should be carefully supplied. Add 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.