

1 PLACE OF DEATH

County Muhlenberg

Vol. Pct.

Inc. Town Greenville

City

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 1093Primary Registration District No. 2434

(No. St., Ward)

File No. 29317

Registered No.

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

2 FULL NAME Sarah Jane Eaves

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single Married Widowed Divorced
(Write the word)6 DATE OF BIRTH March 10, 1843
(Month) (Day) (Year)7 AGE 83 yrs. 2 mos. 24 ds. IF LESS than 1 day hrs. or min?8 OCCUPATION
(a) Trade, profession or Housewife particular kind of work. Housewife
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Muhlenberg County, Kentucky10 NAME OF FATHER Hugh W. McNary11 BIRTHPLACE OF FATHER (State or country) Fayette County, Kentucky12 MAIDEN NAME OF MOTHER Sarah Scott13 BIRTHPLACE OF MOTHER (State or country) South Carolina

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) S. G. Eaves(Address) Greenville, Kentucky15 Filed 11/13/1926 C. B. Williams Registrar

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH June 13, 1926
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from June 12, 1926, to June 17, 1926, that I last saw her alive on June 13, 1926, and that death occurred on the date stated above at 8:40 P.M.The CAUSE OF DEATH was as follows:
Chronic Interstitial Nephritis(Duration) 10 yrs. mos. ds.

Contributory (Secondary)

(Signed) C. B. Williams M. D.
11/12, 1926. (Address) Greenville, Ky.

*State the Disease Causing Death, or, in death from Violent Cause state (1) Manner 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 residence19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Evergreen Cemetery June 14, 1926
Greenville, Kentucky

20 UNDERTAKER

ADDRESS
Greenville, Ken.

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

A. 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. EX. statement of OCCUPATION is very important. See instructions on back of certificate.