

## CERTIFICATE OF DEATH

1 PLACE OF DEATH

County *Mullensburg*Ver. Pot. *Health Department* Registration District No. *871*Ino. Town *Greenville* Primary Registration District No. *2436*

City (No. St., Ward)

2 FULL NAME *Wayne Eaves*

5400

File No. ....

Registered No. *210*

(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 *negro* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *child*  
(Write the word)6 DATE OF BIRTH *August 20, 1900*  
(Month) (Day) (Year)7 AGE *7 yrs. 6 mos. 3 ds.* IF LESS than 1 day ... hrs. or ... min.?8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry business or establishment in which employed (or employer) *Child*9 BIRTHPLACE (State or country) *Mullensburg*10 NAME OF FATHER *unknown*11 BIRTHPLACE OF FATHER (State or country) *unknown*12 MAIDEN NAME OF MOTHER *Mother Eves*13 BIRTHPLACE OF MOTHER (State or country) *Mullensburg*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Mother Eves*  
(Address) *Greenville*15 Filed *Feb 21, 1913* *W. H. Handley*  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Feb 20, 1913*  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased *on Feb 18, 1913*, or *on Feb 18, 1913*, that I last saw him *alive on Feb 18, 1913*, and that death occurred on the date stated above at *8 a.m.* The CAUSE OF DEATH\* was as follows:*Broncho Pneumonia.*(Duration) ... yrs. ... mos. *6 ds.*

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

(Signed) *A. Cornelius*, M. D.  
*Feb 20, 1913* (Address) *Greenville, 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 *Greenville, Ky.* DATE OF BURIAL *Feb 21, 1913*20 UNDERTAKER *James C. Goy* ADDRESS *Greenville*