

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

File No. 20889
Registered No. 61

1 PLACE OF DEATH
County Madison
Vol. No. _____
Inc. Town Central City
City _____

Registration District No. 1087
Primary Registration District No. 2435
(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Agnesella Edge
(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 Female 4 COLOR OR RACE White 5 Single Single
Married Single
Widowed Single
or Divorced Single
(Write the word)
6a If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____
6 DATE OF BIRTH April 6th 1908
(Month) (Day) (Year)
7 AGE _____
yrs. 2 mos. 17 ds. IF LESS than 1
day _____ hrs. _____
or _____ min?

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business or establishment in which employed (or employer) _____

9 BIRTHPLACE (city or town) Kentucky
(State or country)

PARENTS
10 NAME OF FATHER Lincoln Edge
11 BIRTHPLACE OF FATHER (city or town) Kentucky
(State or country)
12 MAIDEN NAME OF MOTHER Geneva Lewis
13 BIRTHPLACE OF MOTHER (city or town) Kentucky
(State or country)

14 (Informant) Lincoln Edge
(Address) Central City Ky

15 Filed 6-25, 1928 A. L. Bloodford
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 23th 1928
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 6-6, 1928, to 6-23, 1928, that I last saw her alive on 6-23, 1928, and that death occurred on the date stated above at 2:30 P.M. The CAUSE OF DEATH* was as follows:
Acute Dysentery

(Duration) _____ yrs. 2 mos. 4 ds.
Contributory Malnutrition
(Secondary) (Duration) _____ yrs. 2 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) W. C. M. Havel, M. D.
6-24, 1928 (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 Yago Cemetery DATE OF BURIAL 6/24/1928
20 UNDERTAKER E. J. Anderson ADDRESS Central City Ky

LARGE PRINTED FOR SENIORS

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.