

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

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

1 PLACE OF DEATH
County: *Muhlenberg*
City: *Mercer Ky*

Registration District No. *1093*
Primary Registration District No. *6589*
(No. St., Ward)

2 FULL NAME *Chester Edwards*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *male*
4 COLOR OR RACE *col.*
5 Single Married Child
Widowed Divorced
(Write the word)

16 DATE OF DEATH
Sep 17 192*2*
(Month) (Day) (Year)

6 DATE OF BIRTH
9/18
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased
from *Sep 16* 192*2*, to *Sep 17* 192*2*,
that I last saw him alive on *Sep 17* 192*2*,
and that death occurred on the date stated above at *4 P.* m.

7 AGE
3 yrs. *-* mos. *-* ds.
IF LESS than 1 day: *-* hrs. or *-* min?

The CAUSE OF DEATH* was as follows:
Diphtheria

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

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

9 BIRTHPLACE (State or country) *Muhlenberg*

(Duration) yrs. mos. ds.
(Signed) *Henry J. Stalon*, M. D.
Sep 18 192*2* (Address) *Greenville Ky*

10 NAME OF FATHER *McKinley Edwards*

11 BIRTHPLACE OF FATHER (State or country) *Britain county*

12 MAIDEN NAME OF MOTHER *Nettie Perkins*

13 BIRTHPLACE OF MOTHER (State or country) *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.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *Nettie Crockett*
(Address) *Mercer Ky*

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
at place yrs. mos. ds. In the State yrs. mos. ds.
Where was disease contracted,
if not at place of death?

Former or usual residence

15
Filed *9/18/22* by *W. J. Wickliffe* Registrar

19 PLACE OF BURIAL OR REMOVAL *Greenville Ky.* DATE OF BURIAL *Sept 18 1922*

20 UNDERTAKER *James E. Lord* ADDRESS *Central City Ky.*

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.