

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County MuhlenbergVol. Pat. North Bogget 17

Inc. Town

City Deport (No. 871-7137 St. Ward)2 FULL NAME Gladys Louise EdwardsFile No. 18174Registered No. 62

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED single
(Write the word)6 DATE OF BIRTH Jan. 24, 1912
(Month) (Day) (Year)7 AGE 5 yrs. 5 mos. 18 ds. If LESS than 1 day... hrs. or... min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work Infant
(b) General nature of industry, business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Muhlenberg Co. Ky.10 NAME OF FATHER Jesse Edwards11 BIRTHPLACE OF FATHER (State or country) Muh. Co. Ky.12 MAIDEN NAME OF MOTHER Benlah Ray13 BIRTHPLACE OF MOTHER (State or country) Hopkins Co. Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jesse Edwards
(Address) Deport Ky.15 FILED JUL 12 1912 91 V. H. Franklin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 11, 1912
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from July 1st, 1912, to July 11, 1912 that I last saw her alive on July 10, 1912 and that death occurred, on the date stated above, at 4 P. M.

The CAUSE OF DEATH* was as follows:

Cholera Infantum(Duration) ... yrs. ... mos. 11 ds.

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

(Signed) O. B. Martin, M. D.
7-11-1912 (Address) Waverly 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. State ... yrs. ... mos. ... ds.Where was disease contracted, if not at place of death?
Former or usual residence19 PLACE OF BURIAL OR REMOVAL Deport Cemetery DATE OF BURIAL July 12, 191220 UNDERTAKER Rice, Tucker & Co ADDRESS Deport Ky.

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

M. D.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain text, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.