

Commonwealth of Kentucky  
STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Muhlenberg

Vol. No. 21309

Inn. Town

City

Registration District No. 271

Primary Registration District No. 7197

(No. St., Ward)

File No. 16488

Registered No. 40

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

2 FULL NAME Margie Edwards

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 May 8, 1914  
(Month) (Day) (Year)

7 AGE 1 yrs. 1 mos. 0 ds. IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work at home (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 Thos Edwards

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co Ky

12 MAIDEN NAME OF MOTHER Rachel Edwards

13 BIRTHPLACE OF MOTHER (State or country) Ohio Co. Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) W. J. Sharp

(Address) Greensville, Ky.

15 Filed June 6, 1914 W. H. Manschler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 5, 1914  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 8, 1914, to June 5, 1914, that I last saw him alive on June 3, 1914, and that death occurred on the date stated above at 7:30 a.m. The CAUSE OF DEATH\* was as follows:

Inanition

(Duration) ... yrs. ... mos. ... ds.

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

(Signed) L. P. Moore M. D.

June 6, 1914 (Address) Greensville, 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 REGENT 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 Mt. Nebs B. G. DATE OF BURIAL June 6, 1914

20 UNDERTAKER McDonald & Dewitt ADDRESS Greensville, Ky.

WRITE PLAINLY. WITH CAREFULNESS. THIS IS A PUBLIC DOCUMENT. It is the duty of the informant to fill in the blanks as far as they can be filled, and to sign the certificate only when he is sure that the facts are true. It is the duty of the registrar to see that the certificate is filled in as far as possible, and to sign it only when he is sure that the facts are true. It is the duty of the health officer to see that the certificate is filled in as far as possible, and to sign it only when he is sure that the facts are true. It is the duty of the health officer to see that the certificate is filled in as far as possible, and to sign it only when he is sure that the facts are true.