

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

File No. 18302
Registered No.

1 PLACE OF DEATH

County Muhlenberg

Vet. Pat. H. B. Rogers Registration District No. 1093

Inc. Town..... Primary Registration District No. 6853

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

2 FULL NAME Mary Francis Edwards

(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 Married Widowed or Divorced
(Write the word)

5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of

6 DATE OF BIRTH Dec 24 1878
(Month) (Day) (Year)

7 AGE 49 yrs. 6 mos. 16 ds. IF LESS than 1 day..... hrs or..... min?

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housekeeper
(b) General nature of industry, business or establishment in which employed (or employer).....

9 BIRTHPLACE (city or town) (State or country) Muh.

10 NAME OF FATHER Charles Edwitta

11 BIRTHPLACE OF FATHER (city or town) (State or country) Pa

12 MAIDEN NAME OF MOTHER Miss Vincent

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Muh.

14 (Informant) Jesse Edwards
(Address) Deputy 74

15 Filed 7/17 1928 C. B. Wickliffe
By M. Wells Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 10, 1928
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 2, 1928, to July 10, 1928, that I last saw him alive on July 10, 1928, and that death occurred on the date stated above at 12 m. The CAUSE OF DEATH* was as follows:

Typhoid Fever

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

Contributory (Secondary)

..... (Duration) yrs. 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) J. C. Edwards, M. D.

July 11, 1928 (Address) Logansport 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 DATE OF BURIAL

Vincent B.S. July 11, 1928

20 UNDERTAKER ADDRESS

M. B. McDonald Greenhill 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.