

Commonwealth of Kentucky

STATE BOARD OF HEALTH.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Muhlenberg

Vet. Pat. West Court House

Inc. Town

City

Registration District No. 571

Primary Registration Dist. No. 7131

(No. St. Ward)

File No. 11027

Registered No. 89

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

3 FULL NAME W. J. Edwards

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

4 SEX male 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED single
(Write the word)

16 DATE OF DEATH April 20, 1912
(Month) (Day) (Year)

6 DATE OF BIRTH Jan - 1840
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1912 to April 1, 1912

7 AGE 72 yrs. 3 mos. If LESS than 1 day.... hrs. or.... min.?

that I last saw him alive on April 1, 1912 and that death occurred, on the date stated above, at 7:30 pm

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

The CAUSE OF DEATH* was as follows: Dilatation of heart, valvular insufficiency

9 BIRTHPLACE (State or country) Muhlenberg County Ky

(Duration) 4 yrs. 7 mos. 2 ds.

10 NAME OF FATHER Hugh Edwards

Contributory none
(Secondary)

11 BIRTHPLACE OF FATHER (State or country) North Carolina

(Duration) 7 yrs. 7 mos. 2 ds.

12 MAIDEN NAME OF MOTHER Naomi Harkins

(Signed) W. J. Johnston, M. D.
(Address) Greensboro, Ky.

13 BIRTHPLACE OF MOTHER (State or country) Indiana

*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) A. C. Johnston
(Address) Paris, Ky

(18) LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent 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

15 Filed Apr 27, 1912 W. H. Franklin REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Edwards Burying Ground DATE OF BURIAL Apr 28 1912
20 UNDERTAKER M. B. McDonald ADDRESS Greenville, Ky.

U. S. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATIONS should state CHIEF 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.