

Commonwealth of Kentucky

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County MuhlenbergVol. Hillside

Ino. Town

City

Registration District No. XVYRegistration District No. XVY

(No.)

St.,

File No. 8794

Registered No.

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

2 FULL NAME Pearl Eblschide

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) married6 DATE OF BIRTH 1
(Month) (Day) (Year)7 AGE 33 yrs. mos. ds. IF LESS than 1 day ... hrs. or ... min.?8 OCCUPATION
(a) Trade, profession, or particular kind of work. Housekeeper
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Muhlenberg Co. Ky10 NAME OF FATHER Mitchell11 BIRTHPLACE OF FATHER (State or country) Don't know

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Candy Eblschide
(Address) Hillside Ky15 Filed 4/30/1921 C. Wickliffe REGISTRAR
married

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 29, 1921
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Mar 1920, to Apr 29 1921, that I last saw him alive on Apr 29 1921, and that death occurred on the date stated above at 6:00 a.m. The CAUSE OF DEATH* was as follows:Pulmonary Tuberculosis(Duration) 2 yrs. mos. ds.

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

(Signed) E. P. Galt M. D.
Apr 30, 1921 (Address) Greenwell Ky

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDE, or HOMICIDAL.

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

19 PLACE OF BURIAL OR REMOVAL Dovey Bldg. DATE OF BURIAL Apr. 30, 192120 UNDERTAKER M. Donald Dewitt ADDRESS Greenwell KyWRITE 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 certified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.