

COMMONWEALTH OF KENTUCKY

16855

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Magdalena
City Hillside
Registral District No. 104-56843
Primary Registration District No. XXX
File No. _____
Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)
Ine. Town _____
City _____ (No. _____ St. _____ Ward _____)
2 FULL NAME Peter Eklshide

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male
4 COLOR OR RACE white
5 Single Married
Married Married
Widower or Divorced (Write the word)

6 DATE OF BIRTH Sept 6 1892
(Month) (Day) (Year)

7 AGE 71 yrs. 9 mos. 21 ds.
IF LESS THAN 1 day _____ hrs. or _____ min?

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

9 BIRTHPLACE (State or country) Germany

10 NAME OF FATHER Wm Eklshide

11 BIRTHPLACE OF FATHER (State or country) Germany

12 MAIDEN NAME OF MOTHER Dorit Snow

13 BIRTHPLACE OF MOTHER (State or country) Germany

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. W. Eklshide

(Address) Hillside Ky.

15 Filed 6/28/24 2024 2024 Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH DECEASED June 27 1924
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 27, 1924, to June 27, 1924, that I last saw him alive on June 27, 1924 and that death occurred on the date stated above at 338 M.

The CAUSE OF DEATH* was as follows:

Uremia

(Duration) _____ yrs. _____ mos. _____ ds.
Contributory (Secondary) Chronic Nephritis & Mitral Regurgitation
(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) W. C. McNeil M. D.
June 28, 1924 (Address) Central Office

*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 _____ In the _____
of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds.

Where was disease contracted,
if not at place of death? _____

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Dossey B. G. DATE OF BURIAL June 28, 1924

20 UNDER-TAKER McDonald & Son ADDRESS Greenwell