

Commonwealth of Kentucky

STATE BOARD OF HEALTH,

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

18168

PLACE OF DEATH
 County Muhlenberg
 Vol. Pat. H. Leant House 11 Registration District No. 871
 Inc. Town Green Mills Primary Registration Dist. No. 2436 Registered No. 64
 City _____ (No. _____ St. _____ Ward _____)
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

FULL NAME J. M. Elkins

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Exact date not known
 (Month) (Day) (Year)

7 AGE 27 yrs. _____ mos. _____ ds. If LESS than 1 day _____ hrs, or _____ min.?

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

9 BIRTHPLACE (State or country) Muhlenberg County, Ky.

10 NAME OF FATHER Josh Elkins

11 BIRTHPLACE OF FATHER (State or country) not known

12 MAIDEN NAME OF MOTHER Susan McElwain

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) J. M. Wells
 (Address) Green Mills, Ky.

15 Filed JUL 27 1912 W. H. Franklin
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 26, 1912
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 27, 1912, to July 28, 1912, that I last saw him alive on July 23, 1912, and that death occurred, on the date stated above, at 1:30 p.m.

The CAUSE OF DEATH* was as follows: Chronic Asthma

Contributory (SECONDARY) Anasarca
 (Duration) 12 yrs. _____ mos. _____ ds.

(Signed) F. J. Blakely, M. D.
July 26 1912 (Address) Green Mills, 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 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 Drake Burying Ground DATE OF BURIAL July 27 1912

20 UNDERTAKER M. B. McDonald ADDRESS Green Mills, Ky.

WRITE PLAINLY, WITH EXPANDING INK—THIS IS A PERMANENT RECORD

U. S.—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.