

## Commonwealth of Kentucky

STATE BOARD OF HEALTH.

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

PLACE OF DEATH  
County MuhlenbergVol. No. West Court House

Ine. Town.....

City..... (No..... St.)..... Ward)

Registration District No. 871Primary Registration Dist. No. 7131File No. 15777Registered No. 27

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

FULL NAME Edward R. Elliott

## PERSONAL AND STATISTICAL PARTICULARS

SEX male COLOR OR RACE nigro SINGLE, MARRIED, WIDOWED, OR DIVORCED single  
(Write the word)DATE OF BIRTH July 16, 1874  
(Month) (Day) (Year)AGE 37 yrs. 11 mos. 3 ds. If LESS than 1 day.....hrs, or.....min.?OCCUPATION  
(a) Trade, profession, or particular kind of work coachman  
(b) General nature of industry, business, or establishment in which employed (or employer)BIRTHPLACE (State or country) Muhlenberg County KyPARENTS  
10 NAME OF FATHER Linga Elliott11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co. Ky12 MAIDEN NAME OF MOTHER Mary Ann Bailey13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co. Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lusia Quarles(Address) Greenville Ky15  
Filed JUN 19 1912 V. H. Franklin  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH June 19, 1912  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from April 14, 1912, to June 17, 1912, that I last saw him alive on June 17, 1912, and that death occurred, on the date stated above, at 7:30 Am.The CAUSE OF DEATH\* was as follows:  
Phthisis Pulmonalis.(Duration) 6 yrs. .... mos. .... ds.Contributory Exposure  
(Secondary)

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

(Signed) Henry J. Blanton, M. D.  
June 17, 1912. (Address) Greenville 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 DATE OF BURIAL

Fairmount Cemetery June 20, 1912

20 UNDERTAKER ADDRESS

Ed. Georges Greenville Ky.