

DEPARTMENT OF COMMERCE
Bureau of the CensusDepartment of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registrar's No.

Registration District No. 1085Primary Registration District No. 7504

1. PLACE OF DEATH: Drakesboro, Ky.
 (a) County Muhlenberg
 (b) City or town Drakesboro, Ky. Rural
 (If outside city or town limits, write RURAL)
 (c) Name of hospital or institution: None
 (If not in hospital or institution write street number or location)
 (d) Length of stay: In hospital or community _____
 (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Kentucky (b) County Muhlenberg
 (c) City or town Rural
 (If outside city or town limits, write RURAL)
 (d) Street No. #32
 (If rural give precinct)
 (e) If foreign born, how long in U.S. _____ years

3(a) FULL NAME Charles Ellis
 3(b) If veteran, _____ 3(c) Social Security # 1
 Name war _____ No. _____

4. Sex male 5. Color of Cauc 6(a) Single, widowed, married,
 race _____ divorced Widow

6(b) Name of husband or wife Esther Ellis

6(c) Age of husband or wife if alive 38 Years

7. Birth date of deceased May 21 1893
 (Month) (Day) (Year)

8. AGE: Years 46 Months 10 Days 18
 If less than one day _____ hr. _____ min.

9. Birthplace Egby Station, Ky.

10. Usual occupation Cook at Hotel

11. Industry or business _____

12. Name Calvin Ellis

13. Birthplace Richmond, Virginia

14. Maiden name Hillie Herring

15. Birthplace Clarkville, Tenn.

16(a) Informant's own signature Hattie Ellis

(b) Address Drakesboro Ky

17. BURIAL, CREMATION, OR REMOVAL

Place Smith Cemetery Date April 7 1940

18(a) Signature of funeral director Blake Finch

(b) Address Drakesboro Ky.

19(a) #-6-40 (b) James Tate
 (Date received by local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH April 2 1940
 I hereby certify that I attended the deceased from July 29 1939
 to April 2 1940 and that death occurred on the date
April 3 1940 and that death occurred on the date
 stated above at 6 p. M.
 Immediate cause of death _____

DURATION

Hypertension 2 yrs

Due to Arteriosclerosis 4 yrs

Other conditions Asthma Chronic 4 years
 (Include pregnancy within months of death)

Major findings: Enlarged "Bull" heart

Of operation: no operation

Of autopsy: no autopsy

22. If death was due to external causes, fill in the following: ✓

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____ 6-7-70

(c) Where did injury occur? in or about home Drakesboro, Ky. in industrial place, _____

in public place? _____

While at work? _____ (Specify type of work) _____

Signature H. D. Newman (M. D. or other) _____

Address Drakesboro, Ky. Date signed 4-4-40

N. B.—W.K. I.E. FLAINTY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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 statements of OCCUPATION is very important.