

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

7706

File No. ....

Registered No. 23

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

PLACE OF DEATH  
County Wright  
Vol. Pct. Central City Registration District No. 1087  
Inc. Town Central City Primary Registration District No. 2435  
City (No. 1 St. 1 Ward 1)  
2 FULL NAME Thomas E. Ellis

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE White 5 Single married  
Married  
Widowed  
or Divorced  
(Write the word)

6 DATE OF BIRTH June 12, 1877  
(Month) (Day) (Year)

7 AGE 55-9 yrs. 9 mos. 1 ds.  
IF LESS than 1 day hrs. or min?

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

9 BIRTHPLACE (State or country) Mc Lean Co. Kentucky

10 NAME OF FATHER Charles Edward Ellis

11 BIRTHPLACE OF FATHER (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Armanda J. Pender

13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Leslie M. Ellis  
(Address) Central City, Ky.

15 Filed Mar 14, 1923 A. L. Blandford  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 13<sup>th</sup>, 1923  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 1<sup>st</sup>, 1922, to 3-13-1923, that I last saw him live on 3-13-1923, and that death occurred on the date stated above at 2:40 a.m.  
The CAUSE OF DEATH\* was as follows:

Acute(Duration) 2 yrs. 2 mos. — ds.Contributory (Secondary) Heart(Duration) 2 yrs. — mos. — ds.(Signed) C. H. Crowder, M. D.  
3-14-1923 (Address Central City, 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. State — yrs. — mos. — ds.  
Where was disease contracted,If not at place of death?  
Former or usual residence —PLACE OF BURIAL OR REMOVAL New Cypress DATE OF BURIAL March 15, 192319 UNDERTAKER J. W. Tusher ADDRESS Premier, Ky.

WRITE 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 language so that it may be properly classified. Every statement of OCCUPATION is very important. See instructions on back of certificate.