

Commonwealth of Kentucky
 STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

9095

PLACE OF DEATH

County *Muhlenberg*Vol. Pat. *Hillside*

Inc. Town

City

Registrar's District No. *877*Primary Registration District No. *7/136*

File No.

Registered No.

 (If death occurred in a
 hospital or institution
 give its name and full
 street and number.)

 FULL NAME *Emmett Edshide*

PERSONAL AND STATISTICAL PARTICULARS

 SEX *Male* COLOR OR RACE *White* SINGLE, MARRIED, WIDOWED, OR DIVORCED *Single*
 (Write the word)

 DATE OF BIRTH *January 14, 1902*
 (Day) (Month) (Year)

 AGE *15* yrs. *2* mos. *—* da. IF LESS than 1 day... hrs. or... min.?

 OCCUPATION (a) Trade, profession, or particular kind of work *none*
 (b) General nature of industry, business or establishment in which employed (or employer)

 BIRTHPLACE (State or country) *Muhlenberg Co.*

 NAME OF FATHER *Peter Edshide*

 BIRTHPLACE OF FATHER (State or country) *Kentucky*

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) *Milton Gregg*

 (Address) *Hillside, Ky.*

 DIED *3/15, 1917* *W. B. Wines* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

 DATE OF DEATH *March 14, 1917*
 (Month) (Day) (Year)

 I HEREBY CERTIFY, That I attended deceased from *Oct 1, 1917* to *Feb 21, 1917*, that I last saw him *alive on* *1917* and that death occurred on the date stated above at *8 p. m.* The CAUSE OF DEATH* was as follows:
Tuberculosis

 (Duration) *2 yrs. 2 mos. 3* da.

 Contributory (SECONDARY) (Duration) *—* yrs. *—* moe. *—* da.

 (Signed) *T. D. Wilson, M. D.*
3-10-1917 (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY and (2) WHETHER ACCIDENTAL, SUICIDAL or HOMICIDAL.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death... yrs. ... moe. ... da. State... yrs. ... moe. ... da.

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

Former or usual residence

 PLACE OF BURIAL OR REMOVAL *Douglas Ave. York* DATE OF BURIAL *3/15, 1917*

 UNDERTAKER *Orion L. Roark* ADDRESS *Breunville, Ky.*

 PLEASE PRINTED FOR THE...
 WRITE PLAINLY WITH INK... THIS IS A PERMANENT RECORD...
 M. D. - Every case of death should be carefully examined. All should be examined EXACTLY. Physicians should call, change of death in plain terms, so that it may properly describe the cause of death. Certificates are very important. Also instructions on back of certificate.