

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

1 PLACE OF DEATH

County Muhlenberg

Vet. Pot. Hillside

Ino. Town .....

City .....

Registration District No. 2726

Primary Registration District No. 491

File No. ....

Registered No. 24030

(If death occurred in a hospital or nursing home give the name, street or street and number.)

2 FULL NAME Meredith Eugene Elschide

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH ..... 1 .....  
(Month) (Day) (Year)

7 AGE ..... yrs. 8 mos. .... ds. IF LESS than 1 day... hrs. or... min.?

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

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

10 NAME OF FATHER Andrew Elschide

11 BIRTHPLACE OF FATHER (State or country) Jefferson Co., Ky

12 MAIDEN NAME OF MOTHER Myrtle Saddlefield

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Thos. Edwards (Address) Hillside, Ky

15 Filed 7/20, 1916, C. P. Mendenhall REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept. 20, 1916  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 9/14/16, 1916, to 9/19/16, 1916, that I last saw him alive on 9/19/16, 1916, and that death occurred on the date stated above at 4 a.m. The CAUSE OF DEATH\* was as follows:

Insal. pneumonia  
(Duration) ..... yrs. 8 mos. .... ds.

Contributory (SECONDARY) ..... (Duration) ..... yrs. .... mos. .... ds.  
(Signed) E. L. Scott, M. D.  
9/20/16, 1916 (Address) Greenwood

\*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 .....

19 PLACE OF BURIAL OR REMOVAL Dodson B. G. DATE OF BURIAL Sept. 20, 1916

20 UNDERTAKER McDonald & Jewell ADDRESS Greenwood, Ky

WRITE PLAINLY 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 statement of OCCUPATION is very important. See instructions on back of certificate.