

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

26371

1 PLACE OF DEATH

County *Muhlenberg*Vol. Pat. *Graham*

Inc. Town

City

Registration District No. *1096*

Primary Registration District No.

(No. St. Ward)

3 FULL NAME *Charles R. Ewitts*

File No.

Registered No. *10*

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

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH *Feb. 10, 1882*
(Month) (Day) (Year)

7 AGE *44* yrs. *7* mos. *2* ds. IF LESS than 1 day ... hrs. or ... min.?

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

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

10 NAME OF FATHER *Wm. Ewitts*

11 BIRTHPLACE OF FATHER (State or country) *Polk County, Ill.*

12 MAIDEN NAME OF MOTHER *Mary E. Anderson*

13 BIRTHPLACE OF MOTHER (State or country) *Tenn.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *W. E. Ewitts*

(Address) *Graham, Ky.*

15 *Filed 9/13, 1926 J. C. Kennerly*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *September 12, 1926*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *9/8*, 19*26* to *9/12*, 19*26* that I last saw him alive on *9/12*, 19*26* and that death occurred on the date stated above at *Graham, Ky.* the CAUSE OF DEATH was as follows:
Tuberculosis

(Duration) ... yrs. ... mos. *4* ds.

Contributory (SECONDARY) (Duration) ... yrs. ... mos. ... ds.

Signed *T. J. Edgerly*, M. D. *9/13, 1926* (Address) *Graham, 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

19 PLACE OF BURIAL OR REMOVAL *East Union* DATE OF BURIAL *9/13, 1926*

20 UNDERTAKER *J. L. Roark, Estate, Orian Roark* ADDRESS *Greenville, Ky.*

THIS WITH UNPAID BIRTH IS A PERMANENT RECORD

Information should be carefully supplied. All should be stated EXACTLY. PHYSICIANS STATE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCASION very important. See instructions on back of certificate.