

STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Muhlenberg CoVol. Pct. 100-100-100 Registration District No. 2140Ino. Town 11 Primary Registration District No. \_\_\_\_\_City Brunsville R.F.D (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_2 FULL NAME Jaed M. EwittFile No. 10837Registered No. 7

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

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 MARRIED Married  
(Write the word)6 DATE OF BIRTH Sept. 21, 1877  
(Month) (Day) (Year)7 AGE 37 yrs. 6 mos. 21 ds. IF LESS than 1 day... hrs. or... min.?8 OCCUPATION  
(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry business or establishment in which employed (or employer) Unemployed9 BIRTHPLACE (State or country) Muhlenberg Co10 NAME OF FATHER Wm. Ewitt11 BIRTHPLACE OF FATHER (State or country) Tennessee12 MAIDEN NAME OF MOTHER Mary Underwood13 BIRTHPLACE OF MOTHER (State or country) Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bob Wright(Address) Grubbs, Ky15 Filed 4/12 1915 J. C. Kennerly REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 12, 1915  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Feb. 23, 1915, to April 12, 1915, that I last saw him alive on April 10, 1915, and that death occurred on the date stated above at 10:30 a.m. The CAUSE OF DEATH\* was as follows:Tuberculosis of supra-renal Capsules  
(Duration) 8 yrs. 9 mos. 0 ds.Contributory (SECONDARY) \_\_\_\_\_ (Duration) 0 yrs. 0 mos. 0 ds.(Signed) T. R. Bennett, M. D. April 12, 1915 (Address) Grubbs, 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, TRAININGS OR RECENT RESIDENTS) At place of death 0 yrs. 0 mos. 0 ds. In the State 0 yrs. 0 mos. 0 ds.

Where was disease contracted, If not at place of death? \_\_\_\_\_

Former or usual residence \_\_\_\_\_

PLACE OF BURIAL OR REMOVAL East Union DATE OF BURIAL 4/12, 191520 UNDERTAKER C. L. Craft ADDRESS Grubbs, Ky