

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

1 PLACE OF DEATH
County Muhlenberg
Vot. Pot. H Roggens
Ine. Town
City

Registration District No. 1093
Primary Registration District No. 6834

File No. 18365
Registered No.

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

2 FULL NAME Wm. E. Ewitt

(a) Residence. No. _____ St., _____ Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX man 4 COLOR OR RACE white 5 Single Married Widowed or Divorced (Write the word)

5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6 DATE OF BIRTH June 1928
(Month) (Day) (Year)

7 AGE _____ yrs. _____ mos. 23 ds. IF LESS than 1 day _____ hrs. or _____ min?

8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work None (b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (city or town) (State or country) Muhlenberg Ky

PARENTS 10 NAME OF FATHER G. T. Ewitt 11 BIRTHPLACE OF FATHER (city or town) (State or country) Muh-Car Ky 12 MAIDEN NAME OF MOTHER Annice Capps 13 BIRTHPLACE OF MOTHER (city or town) (State or country) Muh-Car Ky

14 (Informant) G. T. Ewitt (Address) _____

15 Filed 7/3/28 C. B. Wickliffe Registrar R. M. Wells

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 2, 1928
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 1928, to July 2, 1928, that I last saw h. alive on _____, 19____, and that death occurred on the date stated above at 12 m.

The CAUSE OF DEATH* was as follows: Marasmus

(Duration) _____ yrs. _____ mos. _____ ds. Contributory (Secondary) Clift Palate (Duration) _____ yrs. _____ mos. _____ ds.

18 WHERE WAS DISEASE CONTRACTED If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) J. C. Leggett M. D. 7/2, 1928 (Address) Luzerne Ky

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and nature of injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Rebs 034 DATE OF BURIAL July 2, 1928

20 UNDERTAKER M. B. McDonald ADDRESS Freemiller

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 terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

REVERSE SIDE CONTAINS INSTRUCTIONS FOR FILING