

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

1 PLACE OF DEATH

County *Mullensburg*

Vol. Fol. *Hillside*

Ino. Town *Powderly*

City *(No)*

Registration District No. *736*

Primary Registration District No. *14*

File No. *33199*

Registered No. *64*

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

2 FULL NAME *Eugene Faich*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *male* 4 COLOR OR RACE *negro* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *Single*

6 DATE OF BIRTH *0 0 1877*
(Month) (Day) (Year)

7 AGE *36* yrs. *0* mos. *0* 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) *miner*

9 BIRTHPLACE (State or country) *Ohio county Ky*

10 NAME OF FATHER *Jehous Eaves*

11 BIRTHPLACE OF FATHER (State or country) *Ohio county*

12 MAIDEN NAME OF MOTHER *Amanda Short*

13 BIRTHPLACE OF MOTHER (State or country) *Ohio county Ky*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Margie Faich*

(Address) *Powderly Ky*

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Dec. 12, 1913*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Nov. 22, 1913*, to *Dec 9, 1913*, that I last saw him alive on *Dec 9, 1913* and that death occurred on the date stated above at *10:30* a.m. The CAUSE OF DEATH* was as follows:

Pulmonary tuberculosis
(Duration)..... yrs..... mos..... ds.

Contributory *Pulmonary tuberculosis*
(SECONDARY) (Duration)..... yrs..... mos..... ds.

(Signed) *A. Cornelius*, M. D.
Dec 13, 1913 (Address) *Sumville*

*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. in the State..... yrs..... mos..... ds.

Where was disease contracted, if not at place of death? Former or usual residence *Grand*

19 PLACE OF BURIAL OR REMOVAL *Powderly Ky* DATE OF BURIAL *Dec. 13, 1913*

20 UNDERTAKER *J. E. Long* ADDRESS *Sumville Ky*

Filed *Dec 13, 1913* *Mrs. W. M. ...* REGISTRAR

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
B. 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 present, clear and correct. Exact establishment or OCCUPATION is very important. See instructions on back of certificate.