

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

17668

1 PLACE OF DEATH
County Muhlenberg
Vol. No. _____
Inc. Town Mormon
City _____

Registration District No. _____
Primary Registration District No. 1885
(No. _____ St., _____ Ward)

File No. _____
Registered No. 12
(If death occurred in a hospital or institution give its NAME instead of street and number.)

2 FULL NAME Edward Henry

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 January 6, 1904
(Month) (Day) (Year)

7 AGE 21 yrs. 6 mos. 5 ds. if LESS than 1 day _____ hrs. or _____ min?

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

9 BIRTHPLACE (State or country) Ky

10 NAME OF FATHER Anderson Henry

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Ellen Smith

13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Myrtle Payne
(Address) Mormon Ky

15 Filed July 11, 1925 A. H. H. Allen
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 11, 1925
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 192____, to _____, 192____, that I last saw him _____ alive on _____, 192____, and that death occurred on the date stated above at 3 a.m.

The CAUSE OF DEATH* was as follows:
Shot thru Wound
Homicide
Instant (Duration) _____ yrs. _____ mos. _____ ds.

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

(Signed) R. H. Allen Coroner
7111, 1925 (Address) Central City 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 _____ in the 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 DATE OF BURIAL

New Hope July 12, 1925

20 UNDERTAKER ADDRESS

Arthur S. Moseley Central City

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

15. B.—Every item of information on this certificate should be given EXACTLY, PRIVATELY, and truthfully. The cause of death should be given in plain, simple language, and should be stated in full. The cause of death should be stated in full, and should be stated in full. The cause of death should be stated in full, and should be stated in full.