

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

P

24018

1 PLACE OF DEATH  
County Muhlenberg  
City Paris (No. 7125 St. Ward)  
2 FULL NAME Ernest Steudt  
3 SEX Male 4 COLOR OR RACE Single 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single  
6 DATE OF BIRTH Aug 4 1894  
7 AGE 22 yrs. 0 mos. 0 ds. IF LESS than 1 day... hrs. or... min.?  
8 OCCUPATION (a) Trade, profession, or particular kind of work. Harvester  
(b) General nature of industry, business or establishment in which employed (or employer)  
9 BIRTHPLACE (State or country) Ky.  
10 NAME OF FATHER Ernest A Steudt  
11 BIRTHPLACE OF FATHER (State or country) Ky.  
12 MAIDEN NAME OF MOTHER Elizabeth Steudt  
13 BIRTHPLACE OF MOTHER (State or country) Ky.  
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Ernest Steudt (Address) Paris  
15 Filed Sept 7 1916 M. C. Rawley REGISTRAR

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 7 1916  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from 9/1, 1916, to Sept 7, 1916, that I last saw him alive on Sept 7, 1916, and that death occurred on the date stated above at 4:30 p.m. The CAUSE OF DEATH was as follows:  
Typhoid fever

Contributory (SECONDARY) (Duration) ... yrs. ... mos. ... ds.  
(Signed) E. M. Rawley, M. D. Sept 7, 1916 (Address) Paris, Ky.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.  
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSFERREES 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

19 PLACE OF BURIAL OR REMOVAL Old Hebron DATE OF BURIAL Sept 9 1916  
20 UNDERTAKER D. Rector ADDRESS Deer

MAKING REPRODUCED FOR MEMBERS OF THE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCASION is very important. See instructions on back of certificate.