

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

2184

PLACE OF DEATH
County Nicholas
Vol. Pat. Graham Registration District No. 7140
Ino. Town _____ Primary Registration District No. _____
City _____ (No. _____ St., _____ Ward)

File No. _____
Registered No. _____

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

FULL NAME Ed. Javis

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>divorced</u>
6 DATE OF BIRTH <u>Aug - 8</u> , 18 <u>76</u> (Month) (Day) (Year)		
7 AGE <u>93</u> yrs. <u>2</u> mos. <u>0</u> ds.		IF LESS than 1 day ... hrs. or ... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Farmer</u> (b) General nature of industry business or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country) <u>ky</u>		
10 NAME OF FATHER <u>Ed Javis</u>		
11 BIRTHPLACE OF FATHER (State or country) <u>ky</u>		
12 MAIDEN NAME OF MOTHER <u>Don't know</u>		
13 BIRTHPLACE OF MOTHER (State or country) <u>ky</u>		

MEDICAL CERTIFICATE OF DEATH

14 DATE OF DEATH
Jan 5 1920
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 7, 1920, to Jan 30, 1920, that I last saw him alive on Jan 7, 1920, and that death occurred on the date stated above at 11 A.M. The CAUSE OF DEATH* was as follows:
Pneumonia

(Duration) yrs. mos. 6 ds.

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) J. H. Farrar, M. D.
1920 (Address) Graham, 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 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 _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) George Javis
(Address) Graham Ky

15 Filed 1/8 1920 J. H. Kennedy REGISTRAR

19 PLACE OF BURIAL OR REMOVAL
Crematorium

DATE OF BURIAL
1/9, 1920

20 UNDERTAKER
A. J. Beard

ADDRESS
Graham, Ky

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.