

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County *Muhlenberg*

Vol. Pat. *West Boggs 17*

Ino. Town

City

(No. *871* *7139*)

St. Ward

2 FULL NAME *Edwina Lewis*

File No. **13578**

Registered No. *45*

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *white* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Still Born*
(Write the word)

6 DATE OF BIRTH *May 21, 1912*
(Month) (Day) (Year)

7 AGE *Still Born* 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)

9 BIRTHPLACE (state or country) *Muhlenberg co.*

10 NAME OF FATHER *J. M. Lewis*

11 BIRTHPLACE OF FATHER (State or country) *Lexington*

12 MAIDEN NAME OF MOTHER *Myrtle M. Barnett*

13 BIRTHPLACE OF MOTHER (State or country) *Crofton*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *John Baker*

(Address) *Lugan Ky*

15

Filed *May 21, 1912*

J. H. Granger
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *May 21, 1912*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 191... to 191...,

that I last saw him alive on 191... and that death occurred, on the date stated above, at... m.

The CAUSE OF DEATH* was as follows:

Still Born
STILL BORN
(Duration) ... yrs. ... mos. ... ds.

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

(Signed) *J. B. Stator*, M. D.
May 21, 1912 (Address) *Greenville*

*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

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Nepo

May 21, 1912

20 UNDERTAKER

ADDRESS

Ed. Raab

Greenville

2. B.—Every item of information should be carefully checked. 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.

THIS FILE WITH DEPARTMENT 116—THIS IS A PERMANENT RECORD