

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHFile No. **3893**
Registered No. **18**

1 PLACE OF DEATH
County Muhlenberg
City Central City
Registration District No. 1087
Primary Registration District No. 2735
City Central City (No. 2735 St., Central City Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Edna Earl Mitchell
(a) Residence. No. Central City St., Central City Ward.
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 Single Single
Married
Widowed
or Divorced
(Write the word)
5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of
6 DATE OF BIRTH July 4, 1924
(Month) (Day) (Year)
7 AGE 4 yrs. 6 mos. 11 ds.
IF LESS than 1
day..... hrs.
or..... min?

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

9 BIRTHPLACE (city or town) Ky
(State or country)

PARENTS
10 NAME OF FATHER James Benjamin Mitchell
11 BIRTHPLACE OF FATHER (city or town) Ky
(State or country)
12 MAIDEN NAME OF MOTHER Jamie May Edwards
13 BIRTHPLACE OF MOTHER (city or town) Ky
(State or country)

14 (Informant) J. B. Mitchell
(Address) Meyer Ky

15 Filed 1-22, 1929 - A. L. Bradford
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 15, 1929
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased
from 1-4, 1929, to 1-15, 1929,
that I last saw her alive on 1-5, 1929,
and that death occurred on the date stated above at 10 a.m.
The CAUSE OF DEATH* was as follows:
Burned

(Duration) yrs. mos. 11 ds.
Contributory (Secondary)
(Duration) yrs. mos. ds.

18 WHERE WAS DISEASE CONTRACTED
If not at place of death?

Did an operation precede death?.....Date of.....
Was there an autopsy?.....
What test confirmed diagnosis?.....
(Signed) J. B. Mitchell, M. D.
1-15, 1929 (Address) Central City Ky

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Colemans DATE OF BURIAL Jan 16, 1929
20 UNDERTAKER Arthur L. Mosley ADDRESS Central City

WRITE PLAINLY IN 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.