

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

41513

1 PLACE OF DEATH

County *Muhlenberg*

Vot. Pot. *E. B. Rogers*

Ino. Town

City *Greenville, Ky.*

2 FULL NAME *E. J. Mitchell*

Registration District No. *871*

Primary Registration District No. *2132*

(No. *2132* St., *2132* Ward)

File No.

Registered No.

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Male* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *Infant*

6 DATE OF BIRTH *Dec 28, 1918*
(Month) (Day) (Year)

7 AGE yrs. mos. ds. IF LESS than 1 day, 2 hrs. or min.?

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

9 BIRTHPLACE (State or country) *Greenville, Ky.*

10 NAME OF FATHER *Joe Mitchell*

11 BIRTHPLACE OF FATHER (State or country) *Muhlenberg Co.*

12 MAIDEN NAME OF MOTHER *Eolia Hutchings*

13 BIRTHPLACE OF MOTHER (State or country) *Logan County*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *E. W. Boyer*
(Address) *Central City, Ky.*

15 Filed *Dec 29, 1918* *C. B. Wickliffe* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Dec 29, 1918*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Dec 28, 1918*, to *Dec*, 191.....

that I last saw h.... alive on....., 191..... and that death occurred on the date stated above at *8 A.M.* The CAUSE OF DEATH* was as follows:

Atelectasis
due to non-development

(Duration) yrs. mos. ds.

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

(Signed) *L. P. Moore*, M. D. *Dec 27, 1918* (Address) *Greenville, 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

19 PLACE OF BURIAL OR REMOVAL *Central City, Ky.* DATE OF BURIAL *12-29, 1918*

20 UNDERTAKER *O. H. Hoark* ADDRESS *Greenville, 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.