

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

 1 PLACE OF DEATH
 County Muhlenberg
 Vol. No. 31
 Ino. Town Central City
 City..... (No..... St.,..... Ward)

 Registration District No. 870
 Primary Registration District No. 7123

 File No. 14443
 Registered No. 26

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

 2 FULL NAME E. C. Perry

PERSONAL AND STATISTICAL PARTICULARS

3 SEX M.	4 COLOR OR RACE White	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widower
6 DATE OF BIRTH April 6, 1846 (Month) (Day) (Year)		
7 AGE 72 yrs. 1 mos. 15 ds.		IF LESS than 1 day... hrs. or... min.?
8 OCCUPATION (a) Trade, profession, or minor particular kind of work... (b) General nature of industry business or establishment in which employed (or employer) ...		
9 BIRTHPLACE (State or country) Tenn.		
PARENTS	10 NAME OF FATHER Don Know	
	11 BIRTHPLACE OF FATHER (State or country) Don Know	
	12 MAIDEN NAME OF MOTHER Almeta Baker	
	13 BIRTHPLACE OF MOTHER (State or country) Don Know	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

 (Informant) R. G. Ashby
 (Address)

 15 Filed June 11, 1918 by A. L. Bradford
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 21, 1918 (Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from <u>May 14, 1918</u> , to <u>May 14, 1918</u> , that I last saw him alive on <u>May 14, 1918</u> , and that death occurred on the date stated above at.....m. THE CAUSE OF DEATH* was as follows: <u>Dilatation of Heart</u> (Duration).... yrs.... mos.... ds. Contributory..... (SECONDARY)..... (Duration).... yrs.... mos.... ds. (Signed) <u>T. B. Shalo</u> , M. D., 191... (Address).....

*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. State.... yrs.... mos.... ds.
 In the
 Where was disease contracted, if not at place of death?
 Former or usual residence

19 PLACE OF BURIAL OR REMOVAL <u>Jagoe Burial Ground</u>	DATE OF BURIAL <u>May 22, 1918</u>
20 UNDERTAKER <u>Martin Moore</u>	ADDRESS <u>Central City</u>

MARGIN RESERVED FOR BINDING

 WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
 E. S.—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.