

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

26973

File No. _____

Registered No. 21

1. PLACE OF DEATH

County Washington

Vet. Pat. _____

Registration District No. 1086Ino. Town Bruner KyPrimary Registration District No. 6813

City _____ (No. _____ St., _____ Ward)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME J. Ed Rhodes(a) Residence. No. _____ St., _____ Ward
(Usual place of abode)

(If nonresident, give city or town and State)

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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Married

6a. If married, widowed, or divorced HUSBAND of _____ (or) WIFE of _____

6. DATE OF BIRTH May 22 - 18977. AGE Years Months Days If LESS than 1 day hrs. or min.
55 5 178. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) Oct. 1 - 22 11. Total time (years) spent in this occupation during life12. BIRTHPLACE Ky13. NAME J. B. Rhodes14. BIRTHPLACE Ky15. MAIDEN NAME Cally Shover16. BIRTHPLACE Ky17. INFORMANT Edward Rhodes(Address) Bruner Ky

18. BURIAL, CREMATION, OR REMOVAL

Place Shover Chapel Date Oct 11, 193219. UNDERTAKER J. B. Fucker(Address) Bruner Ky20. FILED Dec 10, 1932 Dollie Robertson

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov 9, 193222. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1932 to Nov 9, 1932I last saw him alive on Nov 8, 1932, death is said to have occurred on the date stated above, at 10:30 p. m. The principal cause of death and related causes of importance in order of onset were as follows:Cause not known Date of onset _____

_____ year _____ age _____

Contributory causes of importance not related to principal cause: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ date of injury _____ 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of

deceased? _____ If so, specify _____

(Signed J. S. Fitzhugh M. D.(Address) Central City Ky

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD. 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.