FORM V. S. 1-500 M. 10-10-10

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

9096

871
7131

1 PLACE OF DEATH

County Muhlenberg

Vet. Fct. West Berkshire

Inc. Town

City (No. , St., Ward)

File No.

Registered No. 871

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

2 FULL NAME Edwin Peyton Sanford

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male

4 COLOR OR RACE: White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Widower

6 DATE OF BIRTH: May (Month) 3 (Day) 1833 (Year)

7 AGE: 83 yrs. 10 mos. 5 ds. If LESS than 1 day ... hrs, or ... min.?

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

9 BIRTHPLACE (State or country): Todd County Ky.

PARENTS

10 NAME OF FATHER: George W. Sanford

11 BIRTHPLACE OF FATHER (State or country): Halifax Co. Va

12 MAIDEN NAME OF MOTHER: Lucy Laffoon

13 BIRTHPLACE OF MOTHER (State or country): Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) D. B. Sanford

(Address) Greenville Ky

15 Filed 3/8, 1917 C. B. Wickliffe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: March (Month) 8 (Day), 1917 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 9, 1917, to March 8, 1917, that I last saw him alive on Feb 25, 1917, and that death occured, on the date stated above, at 1 a.m.

The CAUSE OF DEATH* was as follows: Chronic Interstitial Nephritis

(Duration) 2 yrs. mos. ds.

Contributory (SECONDARY)

(Duration) yrs. mos. ds.

(Signed) L. P. Moore M. D.

3/8, 1917 (Address) New 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: Sanford's Bg.

DATE OF BURIAL: 3/8, 1917

20 UNDERTAKER: Brien L. Roark

ADDRESS: Greenville Ky

11—8184

MARGIN RESERVED FOR BINDING

WRITE PLAINLY. WITH BINDING INK—THIS IS A PERMANENT RECORD

E. B.—Every line of information should be carefully supplied. AGE should be stated EXACTLY. PSYCHOSIS 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.