

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County Muhlenberg

Vol. Pot. #3

Registration District No. 870

Ino. Town Central City

Primary Registration District No. 2435

City Ky. (No. 3)

St., Ward

2 FULL NAME Edith Sharpe

File No.

Registered No. 36

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Caucasoid 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

6 DATE OF BIRTH March 15, 1819
(Month) (Day) (Year)

7 AGE 101 yrs. 6 mos. 26 ds. IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work. None (b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Washington Co., Ky.

10 NAME OF FATHER Richard Brown

11 BIRTHPLACE OF FATHER (State or country) Washington Co., Ky.

12 MAIDEN NAME OF MOTHER Mary M. Gray

13 BIRTHPLACE OF MOTHER (State or country) Washington Co., Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jessie Bennett

(Address) Central City, Ky.

15 Filed Oct. 12, 1920 A. L. Blandford REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH October 11, 1920
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct. 4, 1920, to Oct. 4, 1920, that I last saw her alive on Oct. 4, 1920, and that death occurred on the date stated above at 8:15 m. The CAUSE OF DEATH* was as follows:

Arterial Sclerosis

(Duration) ... yrs. ... mos. ... ds.

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

(Signed) _____, M. D. _____, 1920 (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)

Place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds. Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Neb., Ky. DATE OF BURIAL Oct. 13, 1920

20 UNDERTAKER James E. George ADDRESS Greenville, Ky.

MARGIN RESERVED FOR BINDING

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.