

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____
Registered No. _____

1. PLACE OF DEATH
County Muhlenberg
Vot. Pct. _____
Inc. Town _____
City Central City (No. _____ St., _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Edward Smith
(a) Residence. No. 510 N. Finch St., _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 4 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 Negro
5. Single, Married, Widowed or Divorced (write the word) Married

6a. If married, widowed, or divorced (see MARITAL) Bernice Smith

6. DATE OF BIRTH June 2, 1886

7. AGE	Years	Months	Days	If LESS than 1 day
<u>48</u>	<u>2</u>	<u>7</u>	<u>7</u>	hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. miner

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) Sept. 22, '33 11. Total time (years) _____ spent in this occupation 3 yrs.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug. 9th, 1934

22. I HEREBY CERTIFY. That I attended deceased from Sept. 1, 1933 to Aug. 9th, 1934
I last saw him alive on Aug 9, 1934 death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance in order of onset were as follows:
Acute Nephritis

Contributory causes of importance not related to principal cause:
1/31

12. BIRTHPLACE Evansville, Indiana

MOTHER FATHER

13. NAME Jolly Smith

14. BIRTHPLACE Don't know

15. MAIDEN NAME " "

16. BIRTHPLACE " "

17. INFORMANT Bernice Smith
(Address) Central City, Kentucky

18. BURIAL, CREMATION, OR REMOVAL
Place Greenville Date Aug. 11, 1934

19. UNDERTAKER Eugene S. Elliott
(Address) Greenville, Ky.

20. FILED 8/11-, 1934 A. L. Pharesford
Registrar.

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 _____
If so, specify _____
178/38
Signed J. P. Walton, M. D.
(Address) Central City, Ky.

MARGIN RESERVED FOR BINDING

EVERY ITEM OF INFORMATION 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.

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. AGE SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE CAREFULLY SUPPLIED. AGE SHOULD BE CAREFULLY SUPPLIED.

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