

CERTIFICATE OF DEATH

23461

1 PLACE OF DEATH

County *Muhlenberg*

Vot. Prec. *# 6*

Inc. Town *Paradise*

City

Registration District No. *7126*

Primary Registration District No. *2868*

File No.

Registered No.

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

2 FULL NAME *Dr. Egbert Sidney Smith*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *male*

4 COLOR OR RACE *white*

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *married*

11 DATE OF DEATH *Aug 29, 1917*

(Month) (Day) (Year)

6 DATE OF BIRTH *January 31, 1864*

(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from *May 15, 1917*, to *Aug 26, 1917*,

that I last saw him alive on *Aug 26, 1917*,

and that death occurred on the date stated above at *6 P.M.* The CAUSE OF DEATH\* was as follows:

*Arterio-sclerosis*

7 AGE *53* yrs. *2* mos. *21* ds.

IF LIVES then I day... hrs. or... min.?

(Duration) *6* yrs. *6* mos. *6* ds.

8 OCCUPATION

(a) Trade, profession, or particular kind of work *Physician*

(b) General nature of industry, business or establishment in which employed (or employer)

Contributory (SECONDARY)

(Signed) *D.P. Moore*, M.D.

*Aug 30, 1917* (Address) *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.

12 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSPORTS OR RECENT RESIDENTS)

At place of death *6* yrs. *6* mos. *6* ds. In the State *6* yrs. *6* mos. *6* ds.

Where was disease contracted, if not at place of death?

Former or usual residence

9 BIRTHPLACE (State or country) *Kenderson, Mo.*

10 NAME OF FATHER *Abenard Les va*

11 BIRTHPLACE OF FATHER (State or country) *Tomas Smith*

12 MAIDEN NAME OF MOTHER *Anna Ruess Norman*

13 BIRTHPLACE OF MOTHER (State or country) *Russville, Ky.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Dr. K.H. Smith*

(Address) *Paradise*

19 PLACE OF BURIAL OR REMOVAL *McDougal Cemetery*

DATE OF BURIAL *Aug 3, 1917*

20 UNDERTAKER *Martin Moore*

ADDRESS *Central City*

15 Filed *Aug 3, 1917*

*Kirby B. Smith* REGISTRAR

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.