

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

File No. **6516**

1 PLACE OF DEATH  
County **Muhlenberg**  
Vot. Pct. **Conservative**  
Inc. Town **Greenville**  
City..... (No. .... St., ..... Ward)

Registrat. District No. **871**  
Primary Registration District No. **7130**

Registered No. ....

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

2 FULL NAME **Eric Smith**

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **Color** 5 Single **Married**  
Married  
Widowed  
or Divorced  
(Write the word)

6 DATE OF BIRTH **March 7, 1898**  
(Month) (Day) (Year)

7 AGE **20** yrs. — mos. — ds. IF LESS than 1 day — hrs. or — min?

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

9 BIRTHPLACE (State or country) **Muhlenberg County**

PARENTS

10 NAME OF FATHER **Lue Smith**

11 BIRTHPLACE OF FATHER (State or country) **Muhlenberg**

12 MAIDEN NAME OF MOTHER **Mary Jane Smith**

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) **George L. Smith**  
(Address) **Candropolis, Ky.**

15 Filed **3/11**, 1921 **B. Wickliffe**  
**Greenville** Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH **March 10 6 AM**, 1921  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from **on 4 March**, 1921, that I last saw **him** alive on **March 6**, 1921, and that death occurred on the date stated above at **10 A.M.**

The CAUSE OF DEATH\* was as follows: **Pneumonia**  
**acute**  
(Duration) ..... yrs. **1** mos. .... ds.

Contributory (Secondary) ..... (Duration) ..... yrs. .... mos. .... ds.  
(Signed) **J. J. Stator**, M. D.  
....., 1921 (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)  
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 DATE OF BURIAL  
**Drakesburg, Ky.** **March 11**, 1921

20 UNDERTAKER ADDRESS  
**J. O. George** **Greenville, Ky.**