

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

PLACE OF DEATH 7122

County Muhlenberg

Vol. Pat Registration District No. 7122

Inc. Town..... Primary Registration District No. ....

City..... (No..... St.,..... Ward)

FULL NAME H Ezekiah Tudor

File No. 25948

Registered No. 65

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) widowed

6 DATE OF BIRTH march 30, 1825  
(Month) (Day) (Year)

7 AGE 87 yrs. 6 mos. 23 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) Retired (10 yrs)

9 BIRTHPLACE (State or country) Tennessee

PARENTS

10 NAME OF FATHER Daniel Tudor

11 BIRTHPLACE OF FATHER (State or country) Don't Know

12 MAIDEN NAME OF MOTHER Don't Know

13 BIRTHPLACE OF MOTHER (State or country) Don't Know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) A. W. Pevler (Address) Midland, Ky.

15 Filed Oct 24, 1912 Ma Grundy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH October 23, 1912  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 21, 1912, to Oct 23, 1912, that I last saw him alive on Oct 22, 1912, and that death occurred on the date stated above at 7:30 am. The CAUSE OF DEATH\* was as follows:

Chronic nephritis (exudative)  
About (Duration) 1 yrs. .... mos. .... ds.

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

(Signed) W. B. Shullfield M. D. Oct 24, 1912 (Address) Brunswick, 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. State .... yrs. .... mos. .... ds. Where was disease contracted, if not at place of death? Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL Bethel DATE OF BURIAL Oct 24, 1912

20 UNDERTAKER B. B. Whitcomb ADDRESS Central City, Ky

WRITE PLAINLY, WITH INK. THIS IS A PERMANENT RECORD. 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. STATEMENT OF OCCUPATION is very important. See instructions on back of certificate. SEARCH RESERVED FOR RECORDS