

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

*Argabrite*File No. 6963**1 PLACE OF DEATH**County MuhlenbergVol. Pct. Depoy *H. Boggs* Registration District No. 1093

Registered No. \_\_\_\_\_

Inc. Town \_\_\_\_\_ Primary Registration District No. 10853

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

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

2 FULL NAME Ellsworth Turner**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX Male	4 COLOR OR RACE White	5 Single Married Widowed or Divorced (Write the word)
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6 DATE OF BIRTH  
August 4, 1861  
(Month) (Day) (Year)7 AGE  
65 yrs. 6 mos. 6 ds.  
IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min?8 OCCUPATION  
(a) Trade, profession or particular kind of work. Miner  
(b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_9 BIRTHPLACE  
(State or country)  
Greenville, Kentucky

PARENTS

10 NAME OF FATHER  
Addison Turner11 BIRTHPLACE OF FATHER  
(State or country)  
Kentucky12 MAIDEN NAME OF MOTHER  
Caroline Ellison13 BIRTHPLACE OF MOTHER  
(State or country) Muhlenberg County, Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Melvin Turner(Address) Depoy, Kentucky15 Filed Mar 11, 1927 *C. B. Wickizer* Registrar**MEDICAL CERTIFICATE OF DEATH**16 DATE OF DEATH  
Feb. 10, 1927  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from about 1 yr. 192... to Feb 8, 1927... that I last saw h. alive on \_\_\_\_\_, 192... and that death occurred on the date stated above at 5.20 A. M.

The CAUSE OF DEATH\* was as follows:

Gastric Ulcer(Duration) 1 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (Secondary) \_\_\_\_\_

(Signed) B. Argabrite, M. D.  
Mar 11, 1927 (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.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)

at place \_\_\_\_\_ 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  
Oak Grove, Depoy, Ky., 2/11, 192720 UNDERTAKE ADDRESS  
C. P. Ross Greenville, Ky.

WRITE PLAINLY. IN UNFADING 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. Exact statement of OCCUPATION is very important. See instructions on back of certificate.