

PLACE OF DEATH

County Hardin

Vol. East

Ino. Town

City

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

Registration District No. 1100

Primary Registration District No. 1092

(No. St. Ward)

FULL NAME Edward Bush

39200

File No.

Registered No. 275

(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 Single
(Write the word)

6 DATE OF BIRTH Mar 1, 1892
(Month) (Day) (Year)

7 AGE 27 yrs 9 mos 8 ds IF LESS than 1 day... hrs. or min.?

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

9 BIRTHPLACE (State or country) Hardin Co Ky

10 NAME OF FATHER Thos Bush

11 BIRTHPLACE OF FATHER (State or country) Hardin Co Ky

12 MAIDEN NAME OF MOTHER Maggie Clark

13 BIRTHPLACE OF MOTHER (State or country) Hardin Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Thos Bush
(Address) Cham. R. R. #1

15 Dec 9 1918
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 9, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 4, 1918, to Dec 9, 1918, that I last saw him alive on Dec 9, 1918, and that death occurred on the date stated above at 10 P. M. The CAUSE OF DEATH was as follows:
Lobus Pneumonia

(Duration) 5 yrs. 5 mos. 5 ds.
Contributory (SECONDARY) Chronic Nephritis
(Duration) 10 yrs. 10 mos. 10 ds.

(Signed) R. P. Stoddler, M. D.
Dec 9, 1918. (Address) Elizabeth

*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 5 yrs. 5 mos. 5 ds. In the State 5 yrs. 5 mos. 5 ds.
Where was disease contracted, if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Brown Cemetery DATE OF BURIAL Dec 11, 1918

20 UNDERTAKER T. C. Crawford ADDRESS Elmore Ky

WRITE PLAINLY, WITH 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 terms, so that it may be properly classified. Instructions on back of certificate.