

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

File No. 23837

1 PLACE OF DEATH
County Meigs
Vot. Pot. Summit
Inc. Town
City (No. _____ St. _____ Ward _____)

Registration District No. 0839
Primary Registration District No. _____

Registered No. _____
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Edward Bennett

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|--|-----------------------------|--|
| 3 SEX <u>M</u> | 4 COLOR OR RACE <u>W</u> | 5 Single Married <u>Yes</u> Widowed or Divorced (Write the word) |
| 6 DATE OF BIRTH <u>Jan. 15 1945</u> (Month) (Day) (Year) | | |
| 7 AGE <u>81</u> yrs. <u>7</u> mos. <u>15</u> ds. | | IF LESS than 1 day or _____ hrs. or _____ min? |
| 8 OCCUPATION (a) Trade, profession or particular kind of work <u>farmer</u> (b) General nature of industry, business or establishment in which employed (or employer) | | |
| 9 BIRTHPLACE (State or country) | | |

MEDICAL CERTIFICATE OF DEATH

| |
|---|
| 16 DATE OF DEATH <u>Sept 5</u> (Month) (Day) (Year) |
| 17 I HEREBY CERTIFY, That I attended deceased from <u>March 17</u> , 19 <u>25</u> , to <u>Sept 5</u> , 19 <u>26</u> , and that I last saw him alive on <u>Sept 17</u> , 19 <u>26</u> , and that death occurred on the date stated above at <u>3:00</u> a.m. The CAUSE OF DEATH* was as follows: <u>Interstitial nephritis</u> (Duration) <u>2</u> yrs. _____ mos. _____ ds. Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds. (Signed) <u>J. Marselson</u> , M. D. <u>Sept 4</u> , 19 <u>26</u> (Address) <u>Irshaw</u> |

PARENTS

| |
|---|
| 10 NAME OF FATHER <u>Edward Bennett</u> |
| 11 BIRTHPLACE OF FATHER (State or country) <u>Meigs</u> |
| 12 MAIDEN NAME OF MOTHER <u>Carlina Bennett</u> |
| 13 BIRTHPLACE OF MOTHER (State or country) <u>Henderson</u> |

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) _____
(Address) _____

15 Filled Sept 7, 1926 by Bessie Sparks
Registrar

*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

20 UNDERTAKER
Greenwood ADDRESS _____
Greenville, Ky.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE 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.

MARRIAGE REGISTERED FOR INDEX