

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

14686

1 PLACE OF DEATH
County Muhlenberg
Vol. Pat. # 21
Inc. Town
City Central City
2 FULL NAME M. J. Karnes

Registration District No. 870
Primary Registration District No. 2435
(No. Cor 4th to Morehead St., 4 Ward)

File No.
Registered No. 16
[If death occurred in a hospital or institution, give its NAME (instead of street and number.)]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>♂</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
6 DATE OF BIRTH <u>June</u> , 18 <u>42</u> (Month) (Day) (Year)		
7 AGE <u>77</u> yrs. mos. ds.	IF LESS than 1 day ... hrs. or ... min.?	
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>House Keeping</u> (b) General nature of industry, business or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country) <u>Muhlenberg Co Ky</u>		
PARENTS	10 NAME OF FATHER <u>Nathaniel Eades</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Muhlenberg Co Ky</u>	
	12 MAIDEN NAME OF MOTHER <u>Elizabeth Hancock</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>West V</u>	

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
April 23, 1919
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Apr 15, 1919, to Apr 23, 1919, that I last saw h^e alive on Apr 7, 1919, and that death occurred on the date stated above at 5:30 p.m. The CAUSE OF DEATH* was as follows:
(Heart attack of)
Chronic Hepatitis
(Duration) ... yrs. mos. 10 ds.

Contributory (SECONDARY) (Duration) ... yrs. mos. ds.
(Signed) Clarence H. Woodburn, M. D.
(Address) Central City Ky, 191...

*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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Jessie Eades
(Address) Central City Ky

15 Filed 5-1-1919 A. L. Bradford REGISTRAR

19 PLACE OF BURIAL OR REMOVAL
Wainwright DATE OF BURIAL
4-24, 1919

20 UNDERTAKER
Martin Moore ADDRESS
Central City

N. B. - 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 understood. Instructions on back of certificate. THIS IS A PERMANENT RECORD