

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

1 PLACE OF DEATH

County Muhlenberg

Vot. Precinct Greenwell

Incl. Town Greenwell

City .....

Registration District No. 87

Primary Registration District No. 2496

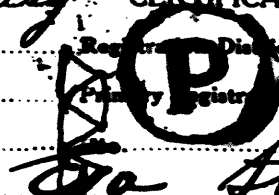
St., ..... Ward

File No. 11099

Registered No. ....

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

2 FULL NAME Eda Stroman



PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)  SINGLE

6 DATE OF BIRTH May 3, 1921  
(Month) (Day) (Year)

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

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

9 BIRTHPLACE (State or country) Muhlenberg Co. Ky

10 NAME OF FATHER Thos. M. Stroman

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co. Ky

12 MAIDEN NAME OF MOTHER Carrie Yeagin

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co. Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Thos. M. Stroman (Address) Greenwell Ky

15 Filed 5/4/21, 1921 Chwickliffe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH May 3<sup>rd</sup>, 1921  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Stillborn to Stillborn, 191....., that I last saw h..... alive on....., 191....., and that death occurred on the date stated above at..... The CAUSE OF DEATH\* was as follows:

Stillborn  
(Duration) ..... yrs. .... mos. .... ds.

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

(Signed) Gandrew, M. D. 5/4, 1921 (Address) Greenwell

\*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 Greenwell Ky DATE OF BURIAL May 7, 1921

20 UNDERTAKER McDonald & Dewitt ADDRESS Greenwell Ky

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 classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.