

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

1 PLACE OF DEATH

County Muhlenberg

Vet. Pot. 8

Registration District No. 7128

Inc. Town Penrod Ky

Primary Registration District No.

City

(No. St., Ward)

2 FULL NAME Edd Uweel

File No. 5411

Registered No.

(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** widowed
 (Write the word)

6 DATE OF BIRTH July 12, 1850
 (Month) (Day) (Year)

7 AGE 68 yrs. 6 mos. 9 ds. **IF LESS than 1 day ... hrs. or ... min.?**

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

9 BIRTHPLACE (State or country) Ky.

10 NAME OF FATHER Allen Uweel

11 BIRTHPLACE OF FATHER (State or country) Ky.

12 MAIDEN NAME OF MOTHER Miss Adcock

13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Mrs. S. P. Welborn
 (Address) Penrod Ky

15 Filed 2/24, 1918 Hollie B. Sewley
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 23, 1918
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec. 1917, to Feb. 23, 1918, that I last saw him alive on Feb. 23, 1918, and that death occurred on the date stated above at 11 P. m. The **CAUSE OF DEATH*** was as follows:

Stroking of Brain

(Duration) 4 yrs. 4 mos. 0 ds.

Contributory Epilepsy
 (SECONDARY) (Duration) 15 yrs. 0 mos. 0 ds.

(Signed) E. M. Burley, M. D.
2/24, 1918 (Address) Penrod Ky

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, (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 0 yrs. 0 mos. 0 ds. In the State 0 yrs. 0 mos. 0 ds.
 Where was disease contracted, if not at place of death?
 Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Welborn Cemetery **DATE OF BURIAL** Feb. 24, 1918

20 UNDERTAKER W. Hector **ADDRESS** Summit

THIS IS A PERMANENT RECORD. It should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAPTION is very important. See instructions on back of certificate.