

Commonwealth of Kentucky

STATE BOARD OF HEALTH.

PLACE OF DEATH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

31884

County KentonRegistration District No. 581File No. 31884

Vol. Pat.

Inc. Town LudlowPrimary Registration Dist. No. 2291Registered No. 54City Ludlow(No. C. T. O. T. P. Ry. Shops Ward)

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

FULL NAME Edward G. Lewis

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX M. COLOR OR RACE W. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) SingleDATE OF DEATH Dec 6, 1911
(Month) (Day) (Year)DATE OF BIRTH 10/27/74
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from 191... to 191...
that I last saw h..... alive on 191...
and that death occurred, on the date stated above, at..... m.AGE 35 yrs..... mos..... ds. IF LESS than 1 day... hrs. or... min.?

The CAUSE OF DEATH* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work Bookkeeper
(b) General nature of industry, business, or establishment in which employed (or employer) C. T. O. T. Ry.Concussion of Brain
Fell in pit head first
accident. (Duration)..... yrs..... mos..... ds.BIRTHPLACE (State or country) Ireland

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

PARENTS 10 NAME OF FATHER Richard G. Lewis(Signed) J. J. Hume M. D.
..... 191... (Address) Co. Ky.11 BIRTHPLACE OF FATHER (State or country) Ireland12 MAIDEN NAME OF MOTHER Bridget Madden13 BIRTHPLACE OF MOTHER (State or country) Ireland

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thomas G. Lewis(Address) Ludlow, Ky.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

(15) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, YACHTS 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 55 1/2 St. St.19 PLACE OF BURIAL OR REMOVAL St. Joseph's Cemetery DATE OF BURIAL Dec. 9, 191120 UNDERTAKER William H. Hume ADDRESS Co. Ky.Filed Dec. 8, 1911 M. G. Lewis REGISTRARChas
1926
5-1-60