

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

File No. **10691**
Registered No. **28**

1 PLACE OF DEATH

County **Mox**
Vot. Prec. **Barbourville**
Inc. Town **Barbourville**
City **Barbourville**

Registration District No. **811**
Primary Registration District No. **2300**

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

2 FULL NAME **Eliquis Theodore England** (No. **2331** St., Ward)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **Male** 4 COLOR OR RACE **White** 5 Single **Married**
Married, Widowed, or Divorced (Write the word)
6 DATE OF BIRTH **Sept 10 - 1894**
(Month) (Day) (Year)
7 AGE **90** yrs. **6** mos. **28** ds.
IF LESS than 1 day hrs. or min?
8 OCCUPATION **Merchant-**
(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) **Habersham Co Ga**

10 NAME OF FATHER **Elijah England**

11 BIRTHPLACE OF FATHER (State or country) **Ga**

12 MAIDEN NAME OF MOTHER **Margaret Irwin**

13 BIRTHPLACE OF MOTHER (State or country) **N.C.**

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) **Fanny M England**
(Address) **Barbourville Ky**

15 Filed **Apr 10 1926** **D. T. Wilson** Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH **Apr 8 1926**
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from **Apr 4**, 1926, to **Apr 8**, 1926, that I last saw him alive on **Apr 8**, 1926, and that death occurred on the date stated above at **11 P.M.**

The CAUSE OF DEATH* was as follows:
Flu
(Duration) yrs. mos. **2** ds.

Contributory (Secondary) **Bronchitis**
(Duration) yrs. mos. **2** ds.

(Signed) **W. B. ...** M. D.
Apr 9, 1926 (Address) **Barbourville Ky**

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

19 PLACE OF BURIAL OR REMOVAL **Atlanta Ga** DATE OF BURIAL **Apr 10 1926**

20 UNDERTAKER **A. W. Hopper** ADDRESS **Barbourville**

WRITE PLAINLY IN UNFADING INK—THIS IS A PERMANENT RECORD. 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.