

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

1 PLACE OF DEATH

County Bath Co.

Vol. No. 5125

Registration District No. 272

Ino. Town

Primary Registration District No.

City (No. .... St., .... Ward)

File No. 28992

Registered No.

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

2 FULL NAME Edward L. Giddie

**PERSONAL AND STATISTICAL PARTICULARS**

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

6 DATE OF BIRTH Oct 28 1917  
(Month) (Day) (Year)

7 AGE 16 yrs. 16 mos. 16 ds. IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION  
(a) Trade, profession, or particular kind of work none  
(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Bath Co. Ky

10 NAME OF FATHER Leslie Giddie

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

12 MAIDEN NAME OF MOTHER Lucie Viola Gilbert

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M<sup>r</sup> C. P. Jones

(Address) Salt Lick Ky

Filed 11-14-1919 M<sup>r</sup> H. Alexander REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH Nov 13 1919  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 13, 1919, to Nov 13, 1919, that I last saw him alive on Nov 13, 1919, and that death occurred on the date stated above at 11 P.M. The CAUSE OF DEATH\* was as follows:

ant. intoxication  
(Duration) ... yrs. ... mos. ... ds.

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

(Signed) C. P. Jones, M. D.  
... Nov 13, 1919 (Address) Salt Lick Ky

\*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

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Jones 11-14-1919

20 UNDERTAKER ADDRESS Jones Salt Lick Ky

11. B.—Every item of information should be stated EXACTLY. PHYSICIAN 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.