

1 PLACE OF DEATH
County Bath

2 SEX Male

3 DATE OF DEATH Nov. 10, 1925

4 COLOR OR RACE White

5 MARRIAGE STATUS Single

6 DATE OF BIRTH Nov 10, 1925

7 AGE yr. mos. da.

8 OCCUPATION None

9 BIRTHPLACE Bath Co. Ky

10 NAME OF FATHER John Holdig

11 BIRTHPLACE OF FATHER Bath Co. Ky

12 MARRIAGE NAME OF MOTHER Lena Brasher

13 BIRTHPLACE OF MOTHER Bath Co. Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Dr. C. P. Jones

(Address) Salt Lick, Ky

15 FILED 11-11-1925

16 REGISTERED None

17 REGISTRATION DISTRICT NO. 4084

18 PRIMARY REGISTRATION DISTRICT NO. 4084

19 CITY (No. St. Ward)

20 FULL NAME Eddy Goldig

21 FILE NO. _____

22 REGISTERED NO. _____

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

PERSONAL AND STATISTICAL PARTICULARS

2 SEX Male

4 COLOR OR RACE White

5 MARRIAGE STATUS Single

6 DATE OF BIRTH Nov 10, 1925

7 AGE yr. mos. da.

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

PARENTS

10 NAME OF FATHER John Holdig

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

12 MARRIAGE NAME OF MOTHER Lena Brasher

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Dr. C. P. Jones

(Address) Salt Lick, Ky

15 FILED 11-11-1925

16 REGISTERED None

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Nov. 10, 1925

17 I HEREBY CERTIFY, That I attended deceased from Nov. 10, 1925 to Nov. 10, 1925 that I last saw him alive on Nov. 10, 1925 and that death occurred on the date stated above at 5:30 P.M.

THE CAUSE OF DEATH* was as follows:
Pre mature death for it was about 6 1/2 months from time of conception until child was born
(Duration) yr. mos. da.

Contributory (Secondary) _____ (Duration) yr. mos. da.

(Signed) Dr. C. P. Jones M. D.
Nov. 13, 1925 (Address) Salt Lick, Ky

*State the Disease Causing Death, or, in death from Violent Cause 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 _____ in the _____ of death _____ yrs. mos. da. State _____ yrs. mos. da.
Where was disease contracted, if not at place of death? _____
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL
Jones Cemetery 11-11-25

20 BURIAL ADDRESS None

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

REMARKS RESERVED FOR PHYSICIAN

M. S.—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.