

Colvin, Elbert 1889 - 1926

Form V. S. 1-20m-10-25-25

cc 103 57
6-24-29 13129

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

1 PLACE OF DEATH
County Jefferson

2 FULL NAME Elbert Colvin

3 (a) Residence. No. _____ St. _____ Ward Springfield Ky
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 17 ds. Now long in U.S. if of foreign birth yrs. mos. 7 ds.

4 COLOR OR RACE Male White

5 Single Single
Married Married
Widowed
Divorced
(Write the word)

6 DATE OF DEATH May 30, 1926
(Month) (Day) (Year)

7 AGE 26 yrs. 7 mos. 7 ds.
IF LESS than 1 day _____ hrs. or _____ min?

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Garage Partner
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (city or town) (State or country) Ky

PARENTS
10 NAME OF FATHER E. D. Colvin
11 BIRTHPLACE OF FATHER (city or town) (State or country) Ky
12 MAIDEN NAME OF MOTHER Jane Keys
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ky

14 (Informant) Mayer + Yeager
(Address) Springfield Ky

15 JUN 1 1926
Filed by J. A. Brubaker
Registrar
7-22-98

16 DATE OF DEATH May 30, 1926
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May 14, 1923 to May 31, 1926 that I last saw him alive on May 6, 1926 and that death occurred on the date stated above at 949 and that death occurred on the date stated above at _____
The CAUSE OF DEATH* was as follows:
General Peritonitis
Due to perforated duodenal ulcer
Contributory Perforated Duodenum
(Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.

18 WHERE WAS DISEASE CONTRACTED
If not at place of death? _____
Did an operation precede death? _____ Date of _____
Was there an autopsy? _____
What test confirmed diagnosis?
(Signed) DeLoachman M. D.
May 31, 1926 (Address) Francis Bldg

*State the Disease Causing Death, or, in deaths from Violence, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Springfield Ky DATE OF BURIAL May 22, 1926
20 ADDRESS Thomas Keenan 1529 W Main

File No. _____ Registered No. 2354

18. Every item of information on this certificate is necessary to the health of the community. It is the duty of every citizen to see that it is properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.