

Commonwealth of Kentucky
 DEPARTMENT OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

1 PLACE OF DEATH

County JeffersonVot. Pot. Anderson

Ino. Town

City Lake Land Ky.Registration District No. 552Primary Registration District No. 6335(No. Central State Hospital)File No. 20705

Registered No.

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

2 FULL NAME Eddie G. Myatt

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
(Write the word)6 DATE OF BIRTH Unknown 1868
(Month) (Day) (Year)7 AGE 50 yrs. + mos. + ds. IF LESS THAN 1 day... hrs. or... min.?8 OCCUPATION (a) Trade, profession, or particular kind of work. Farmer (b) General nature of industry business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Not stated
 10 NAME OF FATHER
 11 BIRTHPLACE OF FATHER (State or country)
 12 MAIDEN NAME OF MOTHER
 13 BIRTHPLACE OF MOTHER (State or country)

 I THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Central State Hospital
 (Address) Lake Land Ky.

 14 Aug 29, 1918 J. H. [Signature]
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH August 29, 1918
(Month) (Day) (Year)
 17 I HEREBY CERTIFY, That I attended deceased from Aug 2, 1918, to Aug 29, 1918, that I last saw him alive on Aug 28, 1918, and that death occurred on the date stated above at Central State Hospital. THE CAUSE OF DEATH* was as follows:

General Paralysis of the Brain
 (Duration) ... yrs. ... mos. ... ds.

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

 (Signed) [Signature], M. D.
Aug 29, 1918 (Address) Lake Land Ky.

*State the DIRECT CAUSE OF 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) In the not stated State ... yrs. ... mos. ... ds.
 At place of death ... yrs. 2 mos. 4 ds. State ... yrs. ... mos. ... ds.
 Where was disease contracted, if not at place of death?

 Former or usual residence Monroe County, Ky.

 19 PLACE OF BURIAL OR REMOVAL Lake Land Ky. DATE OF BURIAL 1918

 20 UNDERTAKER Central State Hospital, Lake Land Ky. ADDRESS

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.--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.