

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

Form V-1-1901 1-24-15

**PLACE OF DEATH**  
County Jefferson  
City Wright  
Registration District No. D-6  
Primary Registration District No. 1313  
Ward Ward 8 of R. Reg.

File No. 13349  
Registered No. 63

[If death occurred in a hospital or institution, give its name instead of street and number.]

Ino. Town  
City  
No. Edward Holman Powell  
Ward

**FULL NAME** Edward Holman Powell

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**PERSONAL AND STATISTICAL PARTICULARS**

1 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>single</u>
2 DATE OF BIRTH <u>Mar 4 1881</u> (Month) (Day) (Year)		
7 AGE <u>36</u> yrs. <u>2</u> mos. <u>12</u> ds.		IF LESS than 1 day... hrs. or... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer) <u>Capt County Police</u>		
9 BIRTHPLACE (State or country) <u>Louisville Ky</u>		
10 NAME OF FATHER <u>Wm M. Powell</u>		
11 BIRTHPLACE OF FATHER (State or country) <u>Bardotown Ky</u>		
12 NAME OF MOTHER <u>Anny E. Hollman</u>		
13 BIRTHPLACE OF MOTHER (State or country) <u>Tenn</u>		

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Miss H. M. Powell  
2931 Bank  
Address

15 Filed Marie Deery REGISTRAR

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**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH May 16<sup>th</sup> 1916  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That ~~attended deceased~~  
~~from~~ ~~to~~ ~~at~~ ~~the~~ ~~place~~ ~~of~~ ~~death~~ ~~occurred~~ ~~on~~ ~~the~~ ~~date~~ ~~stated~~ ~~above~~ ~~at~~ ~~12:00~~ ~~p.m.~~ The CAUSE OF DEATH was as follows:  
Gunshot wound of heart  
diets at once  
Contributory Non-suicide  
(Signed) Wesley H. G. M. D.  
5-16-1916 (Address) Coroner

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 2931 Bank

19 PLACE OF BURIAL OR REMOVAL Postum Cem DATE OF BURIAL May 18, 1916

20 UNDERTAKER John C. Smith ADDRESS 1822 W. Main

PLEASE PRINT WITH UNFADING INK--THIS IS A PERMANENT RECORD  
 WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD  
 Every item of information should be carefully supplied. All should be stated EXACTLY. PARTICULARS should state CAUSE OF DEATH, plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.