

CERTIFICATE OF DEATH

16500

1 PLACE OF DEATH

County *Muhlenberg*

Vol. Pat. *Deputy Register*

Incl. Town

City *Depoy*

3 FULL NAME *James H. Coleman*

Primary Registration District No. *6833*

File No. ....

Registered No. ....

[If death occurred in a hospital or institution, give the NAME instead of Street and number.]

PERSONAL AND STATISTICAL PARTICULARS

8 SEX *male*

4 COLOR OR RACE *white*

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *Married*

6 DATE OF BIRTH *May 29, 1852*

7 AGE *69* yrs. *1* mo. *14* ds.

IF LESS than 1 day ... hrs. or ... min.?

9 OCCUPATION

(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business or establishment in which employed (or employer)

10 BIRTHPLACE (State or country) *Much. Co. Ky.*

10 NAME OF FATHER *Barney Coleman*

11 BIRTHPLACE OF FATHER (State or country) *Ky.*

12 MAIDEN NAME OF MOTHER *Abingdon*

13 BIRTHPLACE OF MOTHER (State or country) *Ky.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Barney Coleman*

(Address) *Depoy Ky.*

15

Filed *7/8/22*

*Dr. W. C. ...*

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *July 7, 1922*

17

I HEREBY CERTIFY, That I attended deceased from *7/23*, 19*22*, to *7/7*, 19*22*, that I last saw him alive on *7/7*, 19*22*

and that death occurred on the date stated above at *8:30* P.M. The CAUSE OF DEATH was as follows:

*urmic poisoning*

Contributory (secondary)

(Duration) ... yrs. ... mos. ... ds.

(Signed) *A. G. ...*, M. D.

*7/8, 1922* (Address) *Depoy Ky.*

\*Was the Disease Causing Death, or, in deaths from violent causes, (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 *Gregorys Chapel*

DATE OF BURIAL *7/8, 1922*

20 UNDERTAKER *Shawm No. 20*

ADDRESS *Depoy Ky.*

In every case of death should be correctly certified. All should be certified EXACTLY. Physicians should state CAUSE OF DEATH in plain terms, so that it may be properly certified. Under statement of cause of death is very important. Instructions on back of certificate.