

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

22914

1 PLACE OF DEATH

County

Mucklenburg

Vot. Precinct

W. Court House

Registration District No.

1093

Inc. Town

Primary Registration District No.

6831

City

(No.)

St.

Ward)

2 FULL NAME

John Coombs

File No.

Registered No.

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

Male

4 COLOR OF RACE

White

5 Single
Married
Widowed
or Divorced
(Write the word)

6 DATE OF BIRTH

Jan 13 1890

(Month)

(Day)

(Year)

7 AGE

82 yrs. 9 mos. 21 ds.

IF LESS than 1 day

or hrs.

or min?

8 OCCUPATION

(a) Trade, profession or particular kind of work

At home

(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE

(State or country)

Nelson Co. Ky

10 NAME OF FATHER

Asa Coombs

11 BIRTHPLACE OF FATHER

(State or country)

Don't know

12 MAIDEN NAME OF MOTHER

" " "

13 BIRTHPLACE OF MOTHER

(State or country)

" " "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

J. E. Coombs

(Address)

Greenville Ky

15

Filed

10/5/22

Berwick Lipp

Nurses

Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Oct 4 1922

(Month)

(Day)

(Year)

17 I HEREBY CERTIFY, That I attended deceased from 9-10-1922, to 9-10-1922,

that I last saw him alive on 9-10-1922,

and that death occurred on the date stated above at 10:30 P.M.

The CAUSE OF DEATH* was as follows:

Sudden renal colic
Stranger due to old age

(Duration) 10 yrs. mos. ds.

Contributory

(Secondary)

(Duration) yrs. mos. ds.

(Signed) S. B. W. Hatton, M.D.
1075 - 1922 (Address) Greenville, Ky

*State the Disease Causing Death, or, in death from Unnatural Causes 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 yrs. mos. ds. State yrs. mos. d.

Where was disease contracted,

if not at place of death?

Former or

usual residence

19 PLACE OF BURIAL OR REMOVAL

DATE OF BURIAL

Greenville Ky

Oct 5 1922

20 UNDERTAKER

ADDRESS

McDonald & Son - Greenville

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

N. B.—Every item of information should be carefully supplied. AGE should be stated in full. 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.

MAILED REGISTERED FOR RECORD