

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

26285

1 PLACE OF DEATH  
County Madison  
Vot. Pct. \_\_\_\_\_  
Inc. Town United City  
City \_\_\_\_\_

Registration District No. 1087  
Primary Registration District No. 2435  
(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

File No. \_\_\_\_\_  
Registered No. 84

2 FULL NAME. James S. Feares  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. Now long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single  Married  Widowed  Divorced  (Write the word)  
6a If married, widowed, or divorced HUSBAND of \_\_\_\_\_ (or) WIFE of \_\_\_\_\_  
6 DATE OF BIRTH April 7th 1861 (Month) (Day) (Year)  
7 AGE 56 yrs. 11 mos. 16 ds. IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min?

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

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

PARENTS  
10 NAME OF FATHER Jewell Feares  
11 BIRTHPLACE OF FATHER (city or town) (State or country) Kentucky  
12 MAIDEN NAME OF MOTHER Anderson  
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Anderson

14 (Informant) J. Arvey Feares  
(Address) United City Ky

15 Filed 11/23, 1927 A. Z. Handout  
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 23th 1927 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 19, 1927, to Nov 23, 1927, that I last saw h. alive on Nov-12, 1927 and that death occurred on the date stated above at 7 a m. The CAUSE OF DEATH\* was as follows:  
Sci. (C) morie

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 12 ds.  
Contributory (Secondary) \_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 WHERE WAS DISEASE CONTRACTED  
If not at place of death? at home

Did an operation precede death? No Date of \_\_\_\_\_

Was there an autopsy? No

What test confirmed diagnosis? Micro  
(Signed) Dr. J. H. ... M. D.  
Nov 23 1927 (Address) United City Ky

\*State the Disease Causing Death, or, in deaths from Violent Causes, 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 DATE OF BURIAL  
Feares Cemetery Nov 24 1927

20 UNDERTAKER ADDRESS  
Ed Anderson United City

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.

REVERSE SUBSERIALIZED FOR SERVICES