

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

1 PLACE OF DEATH
County Mitchell
Vet. Post East Bagges 17
Inc. Town Greenville Ky
City _____ (No. 871-2436 Ward _____)

File No. 15774

Registered No. 58

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

2 FULL NAME Noble Coles

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Black 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Single

6 DATE OF BIRTH October 8, 1887
(Month) (Day) (Year)

7 AGE 24 yrs. 8 mos. 10 ds. If LESS than 1 day... hrs, or... min.?

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

9 BIRTHPLACE (State or country) Greenville, Ky.

10 NAME OF FATHER Brentice Coles

11 BIRTHPLACE OF FATHER (State or country) Greenville, Ky

13 MAIDEN NAME OF MOTHER Emma Elliott

15 BIRTHPLACE OF MOTHER (State or country) Greenville, Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs. Claude Stewart
(Address) Greenville, Ky

15 744 Franklin
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 18, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 19, 1912, to June 18, 1912, that I last saw him alive on June 18, 1912, and that death occurred, on the date stated above, at 5:30 m.

The CAUSE OF DEATH* was as follows:
Phthisis Pulmonalis

Contributory Exposure
(SECONDARY) (Duration) 2 yrs. 0 mos. 0 ds.

(Signed) Henry J. Blanton, M. D.
June 19, 1912 (Address) Greenville, Ky.

*State the DISEASE CAUSING 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)
At place of death 0 yrs. 0 mos. 0 ds. In the State 0 yrs. 0 mos. 0 ds.
Where was disease contracted, If not at place of death? Here
Former or usual residence Here.

19 PLACE OF BURIAL OR REMOVAL Greenville DATE OF BURIAL June 19, 1912

20 UNDERTAKER Wm L. Roark ADDRESS Greenville, Ky.

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

M. D.—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.