

## COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

File No. 19194

Registered No.

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

1 PLACE OF DEATH

County Mitchell

Vol. Pat.

Registrar District No. 1099

Inc. Town Greenville

Primary Registration District No. 2454

City

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

2 FULL NAME George Thomas Covatta

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 Single Married <u>Widowed</u> Widowed or Divorced (Write the word)
6 DATE OF BIRTH <u>Feb 11 1859</u> (Month) (Day) (Year)		
7 AGE <u>73 yrs 4 mos 15 ds.</u>		IF LESS than 1 day _____ hrs. or _____ min.
8 OCCUPATION (a) Trade, profession or particular kind of work <u>Blacksmith</u> (b) General nature of industry, business or establishment in which employed (or employer)		

9 BIRTHPLACE (State or country) Tennessee10 NAME OF FATHER Mass Jackson Covatta11 BIRTHPLACE OF FATHER (State or country) Tennessee12 MAIDEN NAME OF MOTHER Angela Bodine13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M. W. Covatta(Address) Powderly15 Filed 6/30/23 W. B. Wickliffe Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH  
DATE June 29 1923  
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 192\_\_ to \_\_\_\_\_ 192\_\_

that I last saw him alive on June 28, 1923, and that death occurred on the date stated above at 6 P.m.

The CAUSE OF DEATH\* was as follows:

Heart troubleContributory (Secondary) Head Anemia  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.(Signed) B. P. Hattie, M. D.June 30, 1923 (Address) Greenville 16  
\*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 \_\_\_\_\_ 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 DATE OF BURIAL

Bethel Bldg. June 28 192320 UNDERTAKER ADDRESS  
McDonald & H. Witt Greenville

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

N. B.—Every item of information should be carefully supplied. AGE should be EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. A statement of OCCUPATION is very important. See instructions on back of certificate.