

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

16597

PLACES OF DEATH
County Mitchell Registration District No. 115
Loc. Pat. Powderly Primary Registration District No. 6
Inc. Town _____ City _____ (No. _____ St. _____ Ward _____)
City _____ (No. _____ St. _____ Ward _____)

File No. _____
Registered No. _____
(If death occurred in a hospital or institution, give its NAME, location of street and number.)

2 FULL NAME Wes Loney

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Male 4 COLOR OR RACE White 5 Single Married Widowed Divorced
(Write the word)
6 DATE OF BIRTH _____ (Month) _____ (Day) _____ (Year)
7 AGE _____ yrs. 6 mos. 6 da. If 1896 then 1 day _____ hrs. or _____ min?

8 OCCUPATION
(a) Trade, profession or particular kind of work None
(b) General nature of industry, business or establishment in which employed (or employer) _____

9 BIRTHPLACE (State or country) Mitchell County

PARENTS
10 NAME OF FATHER Alvin Loney
11 BIRTHPLACE OF FATHER (State or country) Mitch. County
12 MAIDEN NAME OF MOTHER Olivia Tyson
13 BIRTHPLACE OF MOTHER (State or country) Mitch Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Alvin Loney
(Address) Powderly Ky

15 FILED 7/13/20 Wes Loney Registrar
Mitchell

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 13, 1922
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from June 12, 1922 to _____
that I last saw him alive on June 12, 1922, and that death occurred on the date stated above at 20 m.

THE CAUSE OF DEATH? was as follows:

Cholera Infantum

(Duration) _____ yrs. _____ mos. 10 da.
Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ da.

(Signed) J. S. Williams M. D.
7/15 1922 (Address) Greenfield

*Give 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 _____ yrs. _____ mos. _____ da. In the _____ State _____ yrs. _____ mos. _____ da.
Where was disease contracted, _____
if not at place of death? _____
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Mitchell Ky June 14, 1922

20 UNDERTAKER ADDRESS
M. Donaldson Greenfield

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.

REMARKS REGISTERED FROM REGISTRAR