

CERTIFICATE OF DEATH

11093

1 PLACE OF DEATH

County Muhlenberg

Vol. No. E.C.C. #21

Inc. Town Central City

City..... (No..... St..... Ward)

Registration District No. 870

Primary Registration District No. 2435

File No.

Registered No. 17

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

2 FULL NAME James Thomas Mitchell

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX male 4 COLOR OR RACE white 5 MARRIAGE STATUS Married
(Widowed, Single, Divorced, or separated) (Write the word)

16 DATE OF DEATH April 11, 1921
(Month) (Day) (Year)

6 DATE OF BIRTH May 22, 1849
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from March 27, 1921, to April 11, 1921, that I last saw him alive on April 6, 1921, and that death occurred on the date stated above at 6:50 p.m. The CAUSE OF DEATH was as follows:

7 AGE 72 10 21 IF LESS than 1 day... hrs. or... min.?

Chronic Illness - Colitis

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

9 BIRTHPLACE (State or country) Muhlenberg Co

(Duration) 2 yrs. mos. ds.

10 NAME OF FATHER Richard Mitchell

Contributory..... (Duration) yrs. mos. ds.

11 BIRTHPLACE OF FATHER (State or country) Penn.

(Signed) W. G. Miller M. D.

12 MAIDEN NAME OF MOTHER Went-reason

Apr 12, 1921 (Address) Central City, Ky.

13 BIRTHPLACE OF MOTHER (State or country) Not-known

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MANNER OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) At place of death... yrs. mos. ds. State... yrs. mos. ds. In the State... yrs. mos. ds.

(Informant) J. G. Mitchell (Address) Bevier, Ky.

Where was disease contracted, if not at place of death? Former or usual residence.....

15 Filed 4/12/21 A. L. Blankenship REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Boonesville, Ky. DATE OF BURIAL 4/12/21

20 UNDERTAKER Monty Moore (Address) Central City, Ky.

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 coded. Exact statement of OCCUPATION is very important. See instructions on back of certificate.