

## Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

PLACE OF DEATH

County MuhlenbergVol. Pat. East Poygens 12

Inc. Town \_\_\_\_\_

City \_\_\_\_\_ (No. 871-7137)

St., \_\_\_\_\_ Ward \_\_\_\_\_

FULL NAME Robert G. Mitchell

18171

File No. \_\_\_\_\_

Registered No. 63

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

## PERSONAL AND STATISTICAL PARTICULARS

1 SEX <b>Male</b>	4 COLOR OR RACE <b>White</b>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <b>Married</b>
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6 DATE OF BIRTH  
January 21, 1853  
(Month) (Day) (Year)

7 AGE  
59 yrs. 5 mos. 25 ds.  
If LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (state or country)  
Muhlenberg County, Ky.

PARENTS	10 NAME OF FATHER <u>Nicholas Mitchell</u>
	11 BIRTHPLACE OF FATHER (State or country) <u>Muhlenberg County</u>
	12 MAIDEN NAME OF MOTHER <u>Elizabeth Jackson</u>
	13 BIRTHPLACE OF MOTHER (State or country) <u>Muhlenberg County</u>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) E. G. Harrington

(Address) Princeton, Ky.

15 Filed July 16 1912 V. H. Fraullin  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH  
July 16, 1912  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 15, 1912, to July 16, 1912, that I last saw him alive on July 16, 1912, and that death occurred, on the date stated above, at 5 a.m.

The CAUSE OF DEATH\* was as follows:

Acute Indigestion

(Duration) yrs. mos. ds.

Contributory

(SECONDARY)

(Duration) yrs. mos. ds.

(Signed) O. B. Marlin, M. D.

July 16, 1912 (Address) Princeton, 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 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  
Fairmount, Central City, Ky. DATE OF BURIAL  
7/17, 1912

20 UNDERTAKER  
Orien L. Roark ADDRESS  
Greenville, Ky.

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.

PROPERTY RESERVED FOR DIVISION