

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

15791

1 PLACE OF DEATH  
County Muhlenberg  
Vol. Pat. Shaham  
Inc. Town \_\_\_\_\_  
City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

File No. 32

Registered No. \_\_\_\_\_

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

2 FULL NAME George W. Oates

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married  
6 DATE OF BIRTH June 17, 1841  
(Month) (Day) (Year)  
7 AGE 70 yrs. 11 mos. 27 ds. IF LESS than 1 day... hrs, or... min.?

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

9 BIRTHPLACE (State or country) Muhlenberg Co Ky

PARENTS  
10 NAME OF FATHER Wyatt Oates  
11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co Ky  
12 MAIDEN NAME OF MOTHER Coates  
13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) R. F. Adkins  
(Address) Shrewville R. F. D. No. 1

15 Filled \_\_\_\_\_, 191\_\_\_\_  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 14, 1912  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar 15, 1912, to June 10, 1912, that I last saw him alive on June 12, 1912, and that death occurred, on the date stated above, at A. M.

The CAUSE OF DEATH\* was as follows:  
Chronic Paralytic Nephritis

(Duration) 1 yrs. 0 mos. 0 ds.

Contributory (Secondary) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) R. G. Agabrite, M. D.  
6/14, 1912 (Address) Depoy 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 \_\_\_\_\_ DATE OF BURIAL \_\_\_\_\_, 191\_\_\_\_

20 UNDERTAKER Shannon Moran ADDRESS Depoy 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.