

## COMMONWEALTH OF KENTUCKY

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

21426

File No. ....

Registered No. ....

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

1 PLACE OF DEATH  
County Muhlenberg  
City Luzerne Ky (No. 14 St.          Ward         )  
Inc. Town          Primary Registration District No. 6882  
City Luzerne Ky (No.          St.          Ward         )  
2 FULL NAME Herstell Oatis

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE wh 5 Single married  
Married  
Widowed  
or Divorced  
(Write the word)

6 DATE OF BIRTH Sept 15 1924  
(Month) (Day) (Year)

7 AGE 35 yrs. 0 mos. 2 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

10 NAME OF FATHER Dick Oatis

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg

12 MAIDEN NAME OF MOTHER Betty Oatis

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Bond Oatis

(Address) Myrahnville

15 Filed 9/17/46 C. O. Williams Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 16 1924  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 2, 1924, to Sept 15, 1924, that I last saw him alive on Sept 14, 1924, and that death occurred on the date stated above at 9 P.M.

The CAUSE OF DEATH\* was as follows:

Abuse of Opiate  
(Duration)          yrs.          mos. 18 ds.

Contributory ventral stricture  
(Secondary) (Duration) 2 yrs.          mos.          ds.

(Signed) B. L. Smith, M. D.  
(Address) Luzerne 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. 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 Sept 17 1924

20 UNDERTAKER Car O'Leary ADDRESS         

TABLE SUBMITTED FOR INDEXING

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