

PLACE OF DEATH

County Mitchell

Vot. Prec. West Rogers 13

Inc. Town .....

City (No. 871-7133)

St.; Ward

File No. 25965

Registered No. 93

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

FULL NAME Lewis Oates

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Male 2 COLOR OR RACE White 3 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
(Write the word)

4 DATE OF BIRTH ..... 1 .....  
(Month) (Day) (Year)

7 AGE 16 yrs. .... mos. .... 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) Mitchell Co Ky

10 NAME OF FATHER Carroll Oates

11 BIRTHPLACE OF FATHER (State or country) Mitchell Co Ky

12 MAIDEN NAME OF MOTHER Lilly Adams

13 BIRTHPLACE OF MOTHER (State or country) Mitchell Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) L. Henry Lee (Address) DePoy Ky

15 Filed Oct 21, 1912 V. H. Franklin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 21, 1912  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 31, 1912, to Oct 21, 1912, that I last saw him alive on Oct 17, 1912, and that death occurred, on the date stated above, at..... m. The CAUSE OF DEATH\* was as follows:

Tuberculosis

(Duration) .... yrs. 6 mos. 20 ds. Contributory Hook worm (SECONDARY) (Duration) .... yrs. 3 mos. .... ds.

(Signed) L. P. Moore, M. D. Oct. 21, 1912 (Address) Greenville 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 DePoy Ky DATE OF BURIAL Oct 22, 1912

20 UNDERTAKER Widger Shamon ADDRESS DePoy Ky

WRITE PLAINLY. WITH UNFADING INK-TIMS IS A PERMANENT RECORD

B. E.-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.