

File No.

Registered No.

1. PLACE OF DEATH

County MuhlenbergVot. Pat. Wm. GrahamRegistration District No. 1096

Inc. Town.

Primary Registration District No. 6846City. (No. St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Lucian B. Bates(a) Residence. No. St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH Feb 25 18747. AGE Yrs. Months Days If LESS than 1 day.....hrs. or.....min.
58 7 21

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE Muhlenburg Co13. NAME L. B. Bates14. BIRTHPLACE Muhlenburg Co15. MAIDEN NAME Annice M. Craig16. BIRTHPLACE Muhlenburg Co17. INFORMANT L. Bates(Address) Greenville Ky

18. BURIAL, CREMATION, OR REMOVAL

Place Unity B. Co Date19. UNDERTAKER M. B. McDonald & Co(Address) Greenville Ky20. FILED 10-27 1934 Theubert Craft
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Oct 16, 193422. I HEREBY CERTIFY, That I attended deceased from 10/11/34, 1934 to 10/16/34, 1934.
I last saw him alive on 10/10/34, 1934. Death is said to have occurred on the date stated above, at 10:30 a.m..
The principal cause of death and related causes of importance in order of onset were as follows:Accidental Fractured Atlas Vertebrae and injury to spinal cord
1934

Date of onset

Contributory causes of importance not related to principal cause:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide Accidental injury 10/16/34
Where did injury occur? Greenville Ky
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury Falling State Street
Nature of injury Fractured Atlas Vertebrae24. Was disease or injury in any way related to occupation of deceased? yes If so, specify working in coal mine(Signed) J. J. Sledge, M. D.(Address) Graham KyMARGIN RESERVED FOR BINDING
N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be stated EXACTLY. PHYSICIAN 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.