

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No.
Registered No. 19115
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

County Wauhatchie
Vol. Pct. 1100 Registration District No. 1095 10 87
Inc. Town..... Primary Registration District No. 244
City..... (No. D St., Ward)

2 FULL NAME Melissa Ann Oates

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX F 4 COLOR OR RACE W 5 Single Married Widowed or Divorced (Write the word) Widowed
6 DATE OF BIRTH 6-27-1860
(Month) (Days) (Year)
7 AGE 87 yrs. 2 mos. 17 ds. IF LESS than 1 day hrs. or min?
8 OCCUPATION (a) Trade, profession or particular kind of work. Housewife
(b) General nature of industry, business or establishment in which employed (or employer).....

16 DATE OF DEATH 8-21-1927
(Month) (Day) (Year)
17 I HEREBY CERTIFY, That I attended deceased from 7-11, 1927, to 8-21, 1927, that I last saw him alive on 8-1, 1927, and that death occurred on the date stated above at 3:15 p.m.
The CAUSE OF DEATH* was as follows:

Chronic Cavities
(Duration) 1 1/2 yrs. mos. ds.

Contributory Heart Disease
(Secondary) (Duration) yrs. mos. ds.
(Signed) W.C. McNeil M. D.
8-22, 1927 (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 in the 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 Weathers Grave Yard DATE OF BURIAL 8/22, 1927

20 UNDERTAKER Greenville, Ky. ADDRESS Greenville, Ky.

PARENTS
10 NAME OF FATHER Eros Snodgrass
11 BIRTHPLACE OF FATHER (State or country) West Virginia
12 MAIDEN NAME OF MOTHER
13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) W.C. McNeil
(Address) Greenville, Ky.

15 Filed 8/27/27 1927 C. B. Wickliffe Registrar

1927-9-21
87-2-12
1928-6-24

WRITE PLAIN INK—THIS IS A PERM RECORD

N. B.—Every item of information should be carefully supplied. AGE should be given 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.