

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

12022

1 PLACE OF DEATH
County Muhlenberg
Vol. Pat. E. Rogers
Inc. Town.....
City..... (No. St., Ward)

Registration District No. 1099
Primary Registration District No. 6832

File No. ~~12022~~

Registered No.

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

2 FULL NAME Sallie W. Oates

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female
4 COLOR OR RACE White
5 Single Married Widowed or Divorced
(Write the word)
6 DATE OF BIRTH May 18 1844
(Month) (day) (Year)
7 AGE 78 yrs 10 mos 17 ds.
IF LESS than 1 day 1 hr 1 min 1 sec

8 OCCUPATION

(a) Trade, profession or particular kind of work.....
(b) General nature of industry, business or establishment in which employed (or employer) None

9 BIRTHPLACE (State or country)

Muhlenberg Co. Ky.
10 NAME OF FATHER Washington John
11 BIRTHPLACE OF FATHER (State or country) Virginia
12 MAIDEN NAME OF MOTHER Mary Juman
13 BIRTHPLACE OF MOTHER (State or country) Indiana

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. M. F. Watkins
(Address) Granville Ky.

15 Filed 4/5/23, 1923 C. B. Wickliffe Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 4, 1923
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 3-5, 1923, to 4-4, 1923, that I last saw her alive on 3-21, 1923, and last death occurred on the date stated above at 6 P. m.

The CAUSE OF DEATH* was as follows:

Pneumonia(Duration) yrs. mos. 16 ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.
(Signed) John B. Gurnea
4-4-1923 (Address) Granville

*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

Int Nebo Bldg. Apr 5, 1923

20 UNDERTAKER ADDRESS

Mc Donald & DeWitt Granville

MARGIN RESERVED FOR BINDING

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 language, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.