FORM V S 1-500M

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 27844

Registered No. 237

1 PLACE OF DEATH

County Muhlenberg

Reg. Dist. Graham Ky. Registration District No. 7140

Ino. Town ..... Primary Registration District No. .....

City ..... (No. ..... St., ... Ward)

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

2 FULL NAME George N Oliver

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (*Write* the word)

6 DATE OF BIRTH Aug 28, 1838 (Month) (Day) (Year)

7 AGE 83 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) Penn

PARENTS

10 NAME OF FATHER Jas Oliver

11 BIRTHPLACE OF FATHER (State or country) Penn

12 MAIDEN NAME OF MOTHER Rachael Oliver

13 BIRTHPLACE OF MOTHER (State or country) Penn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) R. J. Beard

(Address) Graham Ky

15 Filed 1/10, 191.. W. J. Kennedy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH December 4, 1921 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 3, 1921, to Dec 4, 1921, that I last saw him alive on Dec 3, 1921, and that death occurred on the date stated above at 3 A.M. The CAUSE OF DEATH* was as follows:

Cerebral Apoplexy

(Duration) .... yrs. ..... mos. ..... ds.

Contributory (SECONDARY) .....

(Duration) .... yrs. ..... mos. ..... ds.

(Signed) B. G. Largabaster, M. D.

Dec 5, 1921 (Address) Depoy, 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	DATE OF BURIAL
Lewis Grave Ky	12/5, 1921
20 UNDERTAKER R. J. Beard	ADDRESS Graham Ky

11—3164

I. C. F 66
Issued 1/20/22

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