

Commonwealth of Kentucky  
STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Mitchell  
Vol. Pat. ....  
Inc. Town Ac-Cornellton  
City ..... (No. .... St. .... Ward)

File No. 25946  
Registered No. 25

2 FULL NAME Robert Orendoff

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE Negro 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (If it's the word) Married  
6 DATE OF BIRTH 7 3, 1855  
(Month) (Day) (Year)

7 AGE 67 yrs. 2 mos. 28 ds. If LESS than 1 day... hrs. or... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work Minister  
(b) General nature of industry, business, or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Logan Co

PARENTS

10 NAME OF FATHER Werner Orendoff

11 BIRTHPLACE OF FATHER (State or country) Logan Co

12 MAIDEN NAME OF MOTHER Mary Orendoff

13 BIRTHPLACE OF MOTHER (State or country) Logan Co.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Edmund Orendoff  
(Address) Ac-Cornellton

15 Filed 4/2, 1912. A. C. Hatcher  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH 10 6, 1912  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 4/15, 1912, to 10/11, 1912, that I last saw him alive on 10/11, 1912, and that death occurred, on the date stated above, at 8 m.  
The CAUSE OF DEATH\* was as follows:

Dropy - caused by Mitral Insufficiency

(Duration) 6 yrs. 6 mos. 28 ds.

Contributory Hypertension  
(SECONDARY) (Duration) 7 yrs. 7 mos. 28 ds.

(Signed) F. T. Polk, M. D.  
Ac-Cornellton, 1912 (Address)

\*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 67 yrs. 2 mos. 28 ds. In the State 67 yrs. 2 mos. 28 ds.  
Where was disease contracted, if not at place of death?  
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Ac-Cornellton DATE OF BURIAL 10/2, 1912

20 UNDERTAKER W. C. Hatcher ADDRESS Ac-Cornellton

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH CAREFULNESS THIS IS A PERMANENT RECORD

U. S. - 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.