

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

9118

1 PLACE OF DEATH

County *Martin*City *Curtis*

Incorporated Town

Registration District No. *871*Primary Registration District No. *7130*

City (No.)

St. (Ward)

FULL NAME *J. R. Peasler*

File No.

Registered No.

(If death occurred in a hospital, institution, or other place, give name of place and number.)

## PERSONAL AND STATISTICAL PARTICULARS

SEX *male* COLOR OR RACE *white* SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *married*AGE DATE OF BIRTH (Month) (Day) (Year) *1*AGE *About 72* yrs. mos. ds. IF LESS than 1 day... hrs. or... min.?OCCUPATION (a) Trade, profession, or particular kind of work *Farming* (b) General nature of industry, business or establishment in which employed (or employer)BIRTHPLACE (State or country) *Martin County Ky*10 NAME OF FATHER *Jas. Peasler*11 BIRTHPLACE OF FATHER (State or country) *not known*12 MAIDEN NAME OF MOTHER *Mica Sally*

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Signature) *J. W. Peasler*(Address) *L. H. H. H. H. H.*Time of day, 1917 *8:30* Registrar *C. B. D. H. H. H.*

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *March 9 1917*

17 I HEREBY CERTIFY, That I attended deceased from 191... to 191... that I last saw him... alive on 191... and that death occurred on the date stated above at 6:30 P.M. The CAUSE OF DEATH\* was as follows:

*(No Physician)*

Contributory (SECONDARY) (Duration) yrs. mos. ds.

(Signed) 191... (Address) M. D.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE, CAUSE 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. State yrs. mos. ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *St. Louis Hospital B. G.* DATE OF BURIAL *March 11 1917*20 UNDERTAKER *McDonald & Ditt* ADDRESS *Greenville*