

9234

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

File No. ....  
Registered No. 11

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

1 PLACE OF DEATH  
County Muhlenberg

Vot. Pct. 75 Registration District No. 98

Inc. Town. Drakesboro Ky Primary Registration District No. 2437

City..... (No. .... St., ..... Ward)  
2 FULL NAME John Thomas Roberson

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Widowed  
Married  
Widowed  
or Divorced  
(Write the word)

6 DATE OF BIRTH Dec 18 1858  
(Month) (Day) (Year)

7 AGE 64 yrs 2 mos 34 ds. IF LESS than 1 day ..... hrs. or ..... min?

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

9 BIRTHPLACE (State or country) Muhlenberg Co., Ky.

PARENTS

10 NAME OF FATHER Richard Robinson

11 BIRTHPLACE OF FATHER (State or country) Ky.

12 MAIDEN NAME OF MOTHER (not known)

13 BIRTHPLACE OF MOTHER (State or country) Kentucky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Elmo Landrum  
(Address) Drakesboro, Ky.

15 Filed 3/28, 1923 J. R. Kimmel Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 10 1923  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar 9, 1923, to Mar 10, 1923, that I last saw him alive on Mar 9, 1923, and that death occurred on the date stated above at 5 A.M.

The CAUSE OF DEATH was as follows:  
Shock following injury in coal mines, crushed by falling slate  
(Duration) ..... yrs. .... mos. 1 ds.

Contributory (Secondary) ..... (Duration) ..... yrs. .... mos. .... ds.  
(Signed) H. D. Newman, M. D.  
Mar 10, 1923 (Address) Drakesboro 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 ..... 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 Ebenezer DATE OF BURIAL Mar 12 1923  
Drakesboro, Ky.

20 UNDERTAKER J. R. Kimmel ADDRESS Drakesboro Ky.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—Every item of information should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain language, so that it may be properly classified.  
Very important. See instructions on back of certificate.