

STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

9114

PLACE OF DEATH
 County *Mitchell*
 Vol. No. *East Rogg* Registration District No. *871*
 Inc. Town..... Primary Registration District No. *132*
 City..... (Name)..... (No.)..... (Ward)
 FULL NAME *John A. charges*

File No.

Registered No.

If such method is a
 hospital and institution,
 give its name and ward or
 street and number.

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* COLOR OR RACE *White* SINGLE, MARRIED, WIDOWED OR DIVORCED *Married*
 (Write the word)

DATE OF BIRTH *1* (Month) (Day) (Year)

AGE *76* yrs. mos. ds. IF LESS than 1 day... hrs. or... min.?

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

BIRTHPLACE (State or country) *Unknown*

10 NAME OF FATHER " "

11 BIRTHPLACE OF FATHER (State or country) " "

12 MAIDEN NAME OF MOTHER " "

13 BIRTHPLACE OF MOTHER (State or country) " "

IS THE ABOVE IN TRU TO THE BEST OF MY KNOWLEDGE

(Informant) *O. L. Kee*

(Address) *Brewitt, Ky.*

14

15

16

17

18

19

20

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *3-10-1917*
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended ~~deceased~~
 from *1-20*, 1917, to *3-10*, 1917,
 that I last saw him ~~alive~~ on *2-10*, 1917,
 and that death occurred on the date stated above
 at *L.P.*. The CAUSE OF DEATH* was as follows:

Senility
 (Duration) yrs. *3* mos. ds.

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

(Signed) *E. B. Gast*, M. D.
3-11, 1917. (Address) or *Brewitt, 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 RECEIPT RESIDENTS)

At place of *Living Papers* the County of death *3* 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 *County Farm*

DATE OF BURIAL *3/11*, 1917

20 UNDERTAKER *Oren L. Roark*

Address *Brewitt, Ky.*