

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

20705

PLACE OF DEATH

County *Madison*

Net. Pop. *12,174*

Inc. Town

City

FULL NAME *Jesse Slaton*

District No. *2134*

Primary Registration District No.

(No. St. Ward)

File No.

Registered No. *6*

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

PERSONAL AND STATISTICAL PARTICULARS

SEX *Male* COLOR OF HAIR *Black* SINGLE MARRIED, WIDOWED OR DIVORCED *Married*
(Write the word)

DATE OF BIRTH *March 10th, 1840*
(Month) (Day) (Year)

AGE *77 yrs., 4 mos., 15 ds.* IF LESS than 1 day ... hrs. or ... min.?

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

BIRTHPLACE (State or country) *Ky.*

10 NAME OF FATHER *Not known*

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER *Lucia Oats*

13 BIRTHPLACE OF MOTHER (State or country) *Ky.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *John H. Slaton*
(Address) *Madisonville*

15 Filed *7/26/11* *S. A. Stewart, Jr.*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *7/25 1917*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *May 10*, 1917, to *July 6*, 1917, that I last saw him alive on *March 10*, 1917, and that death occurred on the date stated above at *5 A.M.* The CAUSE OF DEATH* was as follows:
Religious fanaticism

..... (Duration) *2 yrs., 4 mos., 15 ds.*

Contributory (SECONDARY) *Excursion*
..... (Duration) *1 yr., 4 mos., 15 ds.*

(Signed) *L. C. Chapman*, M. D.
7-2-6, 1917. (Address) *Mortons, Waf., 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?

19 PLACE OF BURIAL OR REMOVAL *McNary Cemetery* DATE OF BURIAL *7/26, 1917*

20 UNDERTAKER *B. M. Slaton* ADDRESS *Madisonville*