

DEPARTMENT OF HEALTH
OFFICE OF VITAL STATISTICS
CERTIFICATE OF DEATH

9109

PLACE OF DEATH
County of *Martin*
Vol. No. *13*
Inc. Town *Cleaton Ky*
City (No. St., Ward)

Registration District No. *7135*
Primary Registration District No.

File No.
Registered No. *54*
(If death occurred in a hospital or institution, give its name instead of street and number.)

FULL NAME *Bell Tate*

PERSONAL AND STATISTICAL PARTICULARS

1 SEX <i>Female</i>	4 COLOR OR RACE <i>White</i>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <i>Married</i>
2 DATE OF BIRTH <i>Feb. 15, 1860</i>		
7 AGE <i>48 yrs. 1 mo. 17 ds.</i>	IF LESS than 1 day... hrs. or... min.?	
8 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer) <i>Housewife</i>		
9 BIRTHPLACE (State or country) <i>Ky.</i>		

PARENTS	10 NAME OF FATHER <i>Charlie Lewis</i>
	11 BIRTHPLACE OF FATHER (State or country) <i>Ky.</i>
	12 MAIDEN NAME OF MOTHER <i>Ellen Whitehouse</i>
	13 BIRTHPLACE OF MOTHER (State or country) <i>Ky.</i>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *Charles*
(Address) *Cleaton Ky.*

Filed *3-28-1917* *W. H. Hoover*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *March 27, 1917*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *March 27, 1917*, to *March 27, 1917*; that I last saw her alive on *March 27, 1917*; and that death occurred on the date stated above at *9* m. The CAUSE OF DEATH* was as follows:
Acute Gastritis

(Duration) yrs. mos. *4* .. ds.

Contributory (Secondary)

(Signed) *L. Roy Willis*, M. D.
March 27, 1917. (Address) *Cleaton Ky.*

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES State (1) NATURE OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TOURS, VISITS 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 <i>Wellbell 9 7</i>	DATE OF BURIAL <i>March 28, 1917</i>
20 UNDERTAKER <i>J. L. Thomas</i>	ADDRESS <i>Cleaton Ky</i>