

Commonwealth of Kentucky

STATE BOARD OF HEALTH.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5403

1 PLACE OF DEATH
County Muhlenberg
Vol. Pat. 11
Inc. Town Clenton 14
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 7135
Primary Registration Dist. No. _____

File No. _____

Registered No. 7

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

2 FULL NAME Johnsall M. Tate

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) <u>Married</u>
6 DATE OF BIRTH <u>April 7, 1862</u> (Month) (Day) (Year)		
7 AGE <u>57</u> yrs. <u>10</u> mos. <u>0</u> ds.		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). <u>Coal mine</u>		

9 BIRTHPLACE (State or country) Kentucky

PARENTS

10 NAME OF FATHER <u>W. M. Tate</u>
11 BIRTHPLACE OF FATHER (State or country) <u>Tenn</u>
12 MAIDEN NAME OF MOTHER <u>Mary Reever</u>
13 BIRTHPLACE OF MOTHER (State or country) <u>Miss.</u>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) S. R. Tate
(Address) Clenton 14

15 Filed 2-8- 1918 W. H. Thomas
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH Feb 7, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 17, 1917, to Feb 7, 1918, that I last saw him alive on Feb 7, 1918, and that death occurred, on the date stated above, at 8 P.M.

The CAUSE OF DEATH* was as follows:

Malignant Jaundice

(Duration)..... yrs. mos. ds.

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

(Signed) C. D. Plummer, M. D.
2/7, 1918 (Address) Clenton 14

*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? _____

Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Wilets 47 DATE OF BURIAL Feb 8, 1918

20 UNDERTAKER J. L. Thomas ADDRESS Clenton