

1 PLACE OF DEATH

County *of Middlesboro*

CERTIFICATE OF DEATH

Vol. No. *15*

Inc. Town *Bevier Ky*

7135

File No. **11034**

Registered No. *53-*

City _____ (No. _____) St. _____ Ward _____

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

2 FULL NAME *Robert Tate*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *male* 4 COLOR OR RACE *white* 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) *Single*

16 DATE OF DEATH *April 12, 1912*
(Month) (Day) (Year)

6 DATE OF BIRTH *July 15, 1910*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *April 4, 1912, to April 12, 1912* that I last saw him alive on *April 12, 1912* and that death occurred, on the date stated above, at *5:45* am.

7 AGE *1* yrs. *10* mos. *14* ds. If LESS than 1 day... hrs. or... min.?

The CAUSE OF DEATH* was as follows:
Acute Intestinal Obstruction
(Duration) *-* yrs. *-* mos. *1* ds.

8 OCCUPATION (a) Trade, profession, or particular kind of work *none* (b) General nature of industry, business, or establishment in which employed (or employer)

Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.

9 BIRTHPLACE (State or country) *Ky*

(Signed) *Leroy Wells*, M. D. *April 12, 1912* (Address) *Bevier Ky.*

10 NAME OF FATHER *Chas. Walter Tate*

11 BIRTHPLACE OF FATHER (State or country) *Ky.*

12 MAIDEN NAME OF MOTHER *Malisse Lewis*

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

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

(1) 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 _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *John Tate*

(Address) *Bevier 13*

18 PLACE OF BURIAL OR REMOVAL *Mount Zion* DATE OF BURIAL *4-13, 1912*

15 Filed *April 13, 1912* *W. H. Hoover* REGISTRAR

19 UNDERTAKER *John Thomas* ADDRESS *Bevier*

U. S. - Every item of information should be carefully verified. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.