

PLACE OF DEATH

County Martin
Vet. Post Graves



7140

20115

File No.

Registered No. 38

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

Ina. Town
City (No. St.; Ward)

: FULL NAME Orpha Wyatt

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Female 2 COLOR OR RACE White 3 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed
(Write the word)

4 DATE OF BIRTH Sept 28, 1899
(Month) (Day) (Year)

7 AGE 93 yrs. 11 mos. 27 ds. If LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Tenn.

10 NAME OF FATHER Harvey Chamber

11 BIRTHPLACE OF FATHER (State or country) Tenn.

12 MAIDEN NAME OF MOTHER Don't know

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) T. A. Summers

(Address) Graves, Ky.

15 Filed 9/26, 1917 J. Keeney

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH Sept-25, 1917
(Month) (Day) (Year)

11 I HEREBY CERTIFY, That I attended deceased from 9/24, 1917, to 9/25, 1917

that I last saw her alive on 9/25, 1917

and that death occurred, on the date stated above, at 12 m.

The CAUSE OF DEATH* was as follows:

Uremic Poisoning

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

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

(Signed) T. J. Elger, M. D.
9/25, 1917 (Address) Graves, Ky.

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

(15) 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

16 PLACE OF BURIAL OR REMOVAL Graves Chapel DATE OF BURIAL 9/26, 1917

17 ADDRESS Graves, Ky.

Orion Road Greenville, Ky.

B. B. - Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. List statement of cause of death in very simple form. See instructions on back of certificate.