

Form V. S. 1-125m-4-19-19

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No.

Registered No.

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

PLACE OF DEATH

County MitchellVol. Pat. H. C. HouseRegistration District No. 1093

Inc. Town.

Primary Registration District No. 631

City.

(No. St., Ward)

2 FULL NAME M. B. Roark

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single Married
Married
Widowed
or Divorced
(Write the word)

6 DATE OF BIRTH May 30 1863
(Month) (Day) (Year)

7 AGE 59 yrs. 6 mos. 15 ds.
IF LESS than 1
day hrs.
or min?

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

9 BIRTHPLACE
(State or country) Mitchell Co. Ky

PARENTS

10 NAME OF FATHER Thos. T. Walton

11 BIRTHPLACE OF FATHER
(State or country) Ohio

12 MAIDEN NAME OF MOTHER M. A. Roark

13 BIRTHPLACE OF MOTHER
(State or country) Mitch. Co. Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. E. C. McDonald
(Address) Greenville Ky

15 Filled 12/24/22 by O. Wickliffe
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec-22, 1922
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased
from July 1, 1922, to Dec 10, 1922,
that I last saw h..... alive on Dec 10, 1922,
and that death occurred on the date stated above at 7 A.M.

The CAUSE OF DEATH* was as follows:
Carcinoma of left lung.
(Duration) 2 yrs. mos. ds.

Contributory
(Secondary)

(Signed) James E. Roark, M. D.
12/24, 1922 (Address) Greenville

*State the Disease Causing Death, or, in deaths from Violent
Cause 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 yrs. mos. ds. In the
of death yrs. mos. ds. State yrs. mos. d.
Where was disease contracted,

If not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Greenville Ky DATE OF BURIAL Dec 16, 1922
20 UNDERTAKER McDonald ADDRESS Greenville