

30118

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No.

Registered No. 236

1. PLACE OF DEATH

County Martin

Vot. Prec. Beech Creek

Inc. Town

Registration District No. 1085

Primary Registration District No. 17511

City (No. St. Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. DECEASED NAME Luther, Roberson

DELAY

(a) Residence. No. St. Wa.
(Usual place of abode) (If non-resident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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) married

21. DATE OF DEATH July 5, 1940

5a. If married, widowed, or divorced -HUSBAND of Nora Roberson -WIFE of

22. I HEREBY CERTIFY That I attended deceased from March 6, 1939 to Oct 1, 1939
I last saw alive on Oct 1, 1939, death is said to have occurred on the date stated above, at 7:30 P.M.
The principal cause of death and related causes of importance in order of onset were as follows:

6. DATE OF BIRTH March 27 1881
7. AGE Years 59 Months 3 Days 8 If LESS than 1 day.....hrs. or.....min.

Chronic Nephritis Date of onset 2yrs

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Miner
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1930 11. Total time (years) spent in this occupation 35

Contributory causes of importance not related to principal cause:

12. BIRTHPLACE Martin

FATHER 13. NAME Robert W. Roberson

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

14. BIRTHPLACE Martin

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide?..... date of injury 19
Where did injury occur? (Specify city or town, county, and State)

MOTHER 15. MAIDEN NAME Delia Underwood

Specify whether injury occurred in industry, in home, or in public place.

16. BIRTHPLACE Martin

17. INFORMANT Thelma Roberson
(Address) Beech Creek Ky

Manner of injury
Nature of injury

18. BURIAL, CREMATION OR REMOVAL Place Jackson Date July 6, 1940

24. Was disease or injury in any way related to occupation of deceased? If so, specify

19. UNDERTAKER
(Address)

(Signed) W. B. Roberson M. D.

20. FILED 7-6-40 James Carter
Registrar.

(Address) Beech Creek Ky

Every item of information should be stated EXACTLY. PHYSICIANS 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.

MARGIN RESERVED FOR BINDING