

State Board of Health  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

## 1. PLACE OF DEATH

County MuhlenbergVot. Pct. New Court HouseRegistration District No. 1093

Inc. Town \_\_\_\_\_

Primary Registration District No. 26830

City \_\_\_\_\_

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

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

2. FULL NAME H. Bailey Yates(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, 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 M 4. COLOR OR RACE W 5. Single, Married, Widowed or Divorced (write the word)21. DATE OF DEATH Sept. 12, 1934

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1934 to Sept. 12, 1934.  
I last saw him alive on Aug. 5, 1934. Death is said to have occurred on the date stated above, at 9:40 a.m.  
The principal cause of death and related causes of importance in order of onset were as follows:6. DATE OF BIRTH Sept 19, 1874Acute Nephritis Date of onset7. AGE Years Months Days If LESS than 1 day.....hrs. or.....min.  
59 11 248. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. Farmer.

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) 11. Total time (years) spent in this occupation.

Contributory causes of importance not related to principal cause:

12. BIRTHPLACE KyFATHER 13. NAME Isaac Yates14. BIRTHPLACE KyMOTHER 15. MAIDEN NAME Marshall M. Shelton16. BIRTHPLACE Ky17. INFORMANT Ruby Yates

(Address) \_\_\_\_\_

## 18. BURIAL, CREMATION, OR REMOVAL

Place Memphis Date Sept 13, 3419. UNDERTAKER Greenville Funeral Home(Address) Greenville Ky.20. FILED 9-12 1934 R. P. Dangler Registrar

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of

deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_

(Signed) D. G. Grogabrite, M. D.(Address) Greenville, Ky.

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE 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.