

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County Breathitt
Vol. Fol. Elizabethtown
Inc. Town.....
City..... (No..... St. Ward)

Registration district No. 5276

File No. 5619

Registered No.

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

FULL NAME Preston Roberts

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED widowed
(Write the word)

6 DATE OF BIRTH March 27 1889
(Month) (Day) (Year)

7 AGE 82 yrs. mos. ds. If LESS than 1 day.... hrs. or.... min.?

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

9 BIRTHPLACE (State or country) Unknown

PARENTS

10 NAME OF FATHER Sampson Roberts

11 BIRTHPLACE OF FATHER (State or country) Unknown

12 MAIDEN NAME OF MOTHER Hilla Hampton

13 BIRTHPLACE OF MOTHER (State or country) Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lempel Roberts
(Address) Shenandoah Ky.

15 Filed....., 1911 Leeds Mining REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 27, 1911
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 191... to 191... that I last saw h..... alive on 191... and that death occurred, on the date stated above, at..... m. The CAUSE OF DEATH* was as follows:
Old age

Registrar reported
Contributors this is all the information that could be secured
(Signed) 191... (Address)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, 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 In the
of death yrs. mos. ds. State yrs. mos. ds.
Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL James Beck Cemetery DATE OF BURIAL March 31, 1911

20 UNDERTAKER Berk Roberts ADDRESS Shenandoah Ky.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

7. 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. Exact statement of OCCUPATION is very important. See instructions on back of certificate.