

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

PLACE OF DEATH
County Harrison
Vol. No. # 2
Inc. Town Farmers
City (No.) (Ward)

Registration District No. 7492
Primary Registration Dist. No.

17006
File No. 16

Registered No. 2452

FULL NAME J. M. Teal

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

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OF HAIR White MARRIAGE Married
(With last word)

DATE OF BIRTH Feb 12 1884
(Month) (Day) (Year)

AGE 28 yrs. 4 mos. 18 ds. hrs. min. sec.
If LESS than 1 day

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

BIRTHPLACE (State or country) Bath

NAME OF FATHER Wash Teal

BIRTHPLACE OF FATHER (State or country) Bath

MAIDEN NAME OF MOTHER Miss Ingram

BIRTHPLACE OF MOTHER (State or country) Bath

IF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Miss Carpenter
(Address) Farmers, Harrison Co.

FILED June 29 1912 Maud Myers
REGISTERAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH June 29 1912
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Feb 1 1913, to June 28 1913, that I last saw him alive on June 28 1913, and that death occurred, on the date stated above, at am.

The CAUSE OF DEATH* was as follows:

Tuberculosis Bowels

(Duration) 4 yrs. mos. ds.

Contributory (Duration) yrs. mos. ds.

(Signed) W. H. Johnson, M. D.
June 29 1912 (Address) Farmers

Was the DEATH CAUSED BY DISEASE, or, in death from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR SOJOURNERS)
At place of death yrs. mos. ds. State yrs. mos. ds.

Where was disease contracted, if not at place of death?
Farmer or usual residence

PLACE OF BURIAL OR REMOVAL DATE OF BURIAL June 29 1912

UNDERTAKER John S. Stephens ADDRESS Bath, Tenn.

WRITE PLAINLY, WITH NEATNESS AND IN A PERMANENT INK. Every name of informant should be correctly spelled. AGE should be stated in YEARS, MONTHS AND DAYS, as that it may be properly classified. EXAMINATION OF DEATH IN VERY IMPORTANT. See instructions on back of certificate.