

COMMONWEALTH OF KENTUCKY
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

16322

1 PLACE OF DEATH

County Bowling

Vol. No. 11

Registration District 1511

File No. _____

Loc. Town Farmers

Primary Registration District _____

Registered No. 1511

City _____

RD. _____ Ward _____

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

2 FILL NAME Samuel Poston

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE white 5 MARRIAGE STATUS Married

6 DATE OF BIRTH March 15 1882

7 AGE 76 3 3 8 IF LESS THAN 1 YEAR no

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

10 BIRTHPLACE (State or country) Virginia

11 NAME OF FATHER Unknown

12 BIRTHPLACE OF FATHER (State or country) Virginia

13 MARRIAGE NAME OF MOTHER Unknown

14 BIRTHPLACE OF MOTHER (State or country) Virginia

15 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Wm Poston (Address) Cotnamouth Ohio

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 15 1958

17 I HEREBY CERTIFY, That I attended deceased from birth or _____ 1925, to June 15, 1958, and that death occurred on the date stated above at _____ m.

18 THE CAUSE OF DEATH* was as follows: Chronic Valvular Heart Disease

(Duration) 4 yrs. 2 mos. 26 ds.

19 (Signed) A. W. McCreary M. D. June 15, 1958 (Address) Morehead Ky

20 State the disease causing death, or its death from (a) Cause such as (1) disease (2) injury and (3) whether accidental, natural or homicidal.

21 LENGTH OF ILLNESS (or Hospital, Institution, Treatment or Health Residence) _____ at place _____ in the _____ State _____ yrs. _____ mos. _____ ds.

22 Where was illness contracted? If not at place of death? _____ Farmer or usual residence _____

23 PLACE OF BURIAL OR REMOVAL: DATE OF BURIAL _____ UNDERTAKER _____ ADDRESS _____

24 REGISTERED _____

WRITE PLAINLY. WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information on this form is important. See instructions on back of certificate. EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms so that it may be properly classified.