

Form V. S. 1-22-4-22

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

4707

1 PLACE OF DEATH
County Jefferson
City Louisville

Registration District No. 155
Primary Registration District No. 2275
(No. 18 Canal St., Ward)

File No. _____
Registered No. 866
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Oliver Gilbert Midgett

PERSONAL AND STATISTICAL PARTICULARS
3 SEX Male
4 COLOR OR RACE White
5 Single Single
6 DATE OF BIRTH June 4 1901
7 AGE 21 yrs 8 mos 21 ds.
8 OCCUPATION Coast Guard U.S.S. Kankakee

MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH February 25 1923
17 I HEREBY CERTIFY, That I attended deceased
from _____, 1923, to _____, 1923,
that I last saw h. _____ alive on _____, 1923,
and that death occurred on the date stated above at _____
The CAUSE OF DEATH* was as follows:
Fractured Skull - Crushed Chest
Railroad accident

9 BIRTHPLACE (State or country) K. Co.
10 NAME OF FATHER _____
11 BIRTHPLACE OF FATHER (State or country) Midgett
12 MAIDEN NAME OF MOTHER Madam M. Midgett
13 BIRTHPLACE OF MOTHER (State or country) ?

Contributor (Secondary) ROY L. CARTER, Coroner
(Signed) E. J. [unclear] M. D.
1/26 1923 (Address) Louisville

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. A. Bernard
(Address) A. A. Bernard

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
at place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, if not at place of death?
Former or usual residence U.S.S. Kankakee

15 FILED FEB 27 1923
DR. L. A. ORTOGHER
Registrar

19 PLACE OF BURIAL OR REMOVAL Elizabeth City, K. Co.
DATE OF BURIAL 7/27 1923
ADDRESS John H. Miller, 16 Jefferson

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