

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

18985

1 PLACE OF DEATH

County Nelson

Vol. Pg. A 2

Ino. Town

City

Registration District No. 580

Primary Registration District No. 7142

P

File No. ....

Registered No. 17

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

2 FULL NAME Roth Otto Peake

**PERSONAL AND STATISTICAL PARTICULARS**

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

6 DATE OF BIRTH Oct 22, 1894  
(Month) (Day) (Year)

7 AGE 22 yrs. ... mos. ... ds. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Nelson Co Ky

10 NAME OF FATHER Roth O. Peake

11 BIRTHPLACE OF FATHER (State or country) Nelson Co. Ky

12 NAME OF MOTHER Mary A. Eagle

13 BIRTHPLACE OF MOTHER (State or country) Nelson Co. Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(Address) .....

15 Filed July 2, 1916 Chas P. Heeper REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH July 1, 1916  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from May, 1916, to July, 1916, that I last saw him alive on May 20, 1916, and that death occurred on the date stated above at 10 a.m. The CAUSE OF DEATH\* was as follows:

Pulmonary Tuberculosis  
(Duration) 2 yrs. ... mos. ... ds.

Contributory (SECONDARY) (Duration) ... yrs. ... mos. ... ds.

(Signed) Edward T. Mudd, M. D.

July 1st 1916 (Address) New Haran Ky

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 .....

19 PLACE OF BURIAL OR REMOVAL New Haran Ky DATE OF BURIAL July 3, 1916

20 UNDERTAKER C. J. Coyle ADDRESS New Haran Ky

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD  
A. B.—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.