

Form V. S. 1-15m-4-19-18

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

1 PLACE OF DEATH  
County Estill File No. 32836

Vot. Pot. \_\_\_\_\_ Registration District No. 445 Registered No. \_\_\_\_\_  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

Inc. Town West Junction Primary Registration District No. 5012

City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

2 FULL NAME Nathen Goe

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>m</u>	4 COLOR OR RACE <u>w</u>	5 Single Married Widowed or Divorced (Write the word) <u>Single</u>	16 DATE OF DEATH <u>July 14, 1926</u> (Month) (Day) (Year)	
6 DATE OF BIRTH <u>Dec 30, 1905</u> (Month) (Day) (Year)			17 I HEREBY CERTIFY, that I attended deceased from <u>July 7, 1926</u> to <u>July 14, 1926</u> , that I last saw him alive on <u>July 14, 1926</u> , and that death occurred on the date stated above at <u>p.m.</u>	
7 AGE <u>20 yrs. 6 mos. ds.</u> IF LESS than 1 day _____ hrs. or _____ min?			The CAUSE OF DEATH* was as follows: <u>Acute Dilatation of Heart</u>	
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry, business or establishment in which employed (or employer) <u>Locomotive Watchman</u>			(Duration) _____ yrs. _____ mos. _____ ds.	
9 BIRTHPLACE (State or country) <u>Lee Co Ky</u>			Contributory <u>Acute Arteriosclerosis</u> (Secondary) <u>Rheumatism</u> (Duration) <u>10 yrs. 9 mos. ds.</u>	
PARENTS	10 NAME OF FATHER <u>Beverly L. C. Goe</u>		(Signed) <u>J. M. Wilson</u> , M. D.	
	11 BIRTHPLACE OF FATHER (State or country) <u>Lee Co Ky</u>		<u>July 15, 1926</u> (Address) _____	
	12 MAIDEN NAME OF MOTHER <u>Jessie Howard</u>		*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.	
13 BIRTHPLACE OF MOTHER (State or country) <u>Lee Co</u>		18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) at place _____ in the _____ State _____ yrs. _____ mos. _____ ds. of death _____ yrs. _____ mos. _____ ds. Where was disease contracted, If not at place of death? _____ Former or usual residence _____		
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Walter Goe</u> (Address) <u>Darwin, Ky.</u>				
15 Filed <u>10/10</u> , 1926 <u>Carin Mitchell</u> Registrar			19 PLACE OF BURIAL OR REMOVAL <u>Old Lending</u>	
			DATE OF BURIAL <u>July 6, 1926</u>	
			20 UNDERTAKER <u>J. M. Wilson</u>	
			ADDRESS <u>Lawrence Ky</u>	

11-3194

N. 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.