

DELAY

COMMONWEALTH OF KENTUCKY
BUREAU OF VITAL REGISTRATION
CERTIFICATE OF DEATH

Registration District No. 50 Primary Registration District No. 4081

1. PLACE OF DEATH:
(a) City RATH
(b) City or town SALT-lick
(c) Name of hospital or institution _____
(d) Length of stay: In hospital or community _____
(e) _____

2. USUAL RESIDENCE OF DECEASED:
(a) State KY (b) County RATH
(c) City or town SALT-lick
(d) Street No. _____
(e) _____

3(a) FULL NAME MARTHA ANN PEYTON
(b) If woman, (i) Social Security _____

4. Sex FEMALE Color WHITE Single, widowed, married, divorced WIDOWED
(a) Name of husband or wife _____
(b) Age of husband or wife if alive _____
7. Birth date of deceased 9-21-1898

8. AGE: Years 29 Months 4 Days 10
9. Birthplace KENTUCKY
10. Usual occupation HOUSEWIFE
11. Industry or business _____

FATHER: 12. Name WILLIAM CROUCH
13. Birthplace KENTUCKY

MOTHER: 14. Maiden name AMANDA CRITMILL
15. Birthplace KENTUCKY

16(a) Informant's own signature Blanche Fowler
(b) Address SALT-LICK KY

17. BURIAL, CREMATION, OR REMOVAL
Place JONES CEM Date FEB 1 1948

18(a) Signature of funeral director Horsman & Powell
(b) Address SALT-LICK KY
19(a) 3-5-48 (Date received by local registrar) (b) Dr. Paul ...

MEDICAL CERTIFICATION
20. DATE OF DEATH JAN 31 1948
21. I hereby certify that I attended the deceased from Jan 29 to Jan 31 1948
22. I am a physician and I am satisfied that death occurred on the date stated above on 1948
Immediate cause of death Arteriosclerotic Heart Disease

IMMEDIATE CAUSE OF DEATH	DURATION
<u>Arteriosclerotic Heart Disease</u>	
Other conditions _____	
Major findings:	
(1) operation <u>107</u>	
(2) autopsy _____	

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (Specify) _____
(b) Date of occurrence _____

(c) Where did injury occur? In or about home, on farm, in industrial plant, in public place? _____
(Specify type of plant) _____
While at work? _____ (Specify nature of injury) _____

23. Signature D. C. ...
Address Date signed Feb 1 48

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. 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.