

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

File No. _____

Registered No. _____

1. PLACE OF DEATH
County Bath
City _____
Incl. Town _____
City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Registration District No. 22
Primary Registration District No. 4085

2. FULL NAME Matthew Adams

(a) Residence. No. _____ St., _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Widowed

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH April 15, 1845

7. AGE Years 88 Months 4 Days 29 If LESS than 1 day hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE Kentucky

13. NAME Mathie Adams

14. BIRTHPLACE North Carolina

15. MAIDEN NAME Bally Patrick

16. BIRTHPLACE Kentucky

17. INFORMANT Burns Adams
Salt Lick, Ky.
(Address) _____

18. BURIAL, CREMATION, OR REMOVAL
Place Jones Cemetery Date Sept 15, 1933

19. UNDERTAKER Barnes & Horseman
Salt Lick, Ky.
(Address) _____

20. FILED 9-14-33 M. C. Adams
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September 13, 1933

22. I HEREBY CERTIFY That I attended deceased from Sept 13, 1933 to Sept 13, 1933.
I last saw him alive on Sept 13, 1933 death would have occurred on the date stated above, at 5:15 P.M..
The principal cause of death and related causes of importance in order of onset were as follows:

Acute nephritis

Date of onset

9/10/33

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Contributory causes of importance not related to principal cause:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ date of injury _____ 19____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no If so, specify _____

(Signed) M. C. Adams, M. D.
(Address) Salt Lick, Ky.

OCCUPATION

MOTHER FATHER

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4-17-31