Form V. S. 1-A

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 117

1. PLACE OF DEATH
County Bath
Reg. Dist. No. 5-C
Vol. Pct.
Sec. Town Salt Lick
Primary Registration District No. 4078
City
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Mary Caldwell Slaton
(a) Residence. No. Salt Lick
(Usual place of abode.)
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 Female
4. COLOR OR RACE White
5. If married, widowed, or divorced Married
6. If married, widowed, or divorced, NAME of husband or wife Wm Slaton
7. DATE OF BIRTH Oct 7-1890
8. AGE Years 46 Months 2 Days 27 If LESS than 1 day, hours or minutes
9. OCCUPATION (a) Trade, profession, or particular kind of work, even if retired Houses wife
(b) Industry or business in which work was done, as mill, mine, farm, store, etc.
(c) Date last worked at this occupation
10. Total time employed at this occupation
11. Was this person employed by Social Security?
12. BIRTHPLACE Preston County Ky
FATHER 13. NAME George Caldwell
14. BIRTHPLACE Ky
MOTHER 15. MAIDEN NAME Ferguson
16. BIRTHPLACE Ky
17. INFORMANT Wm Slaton
(ADDRESS) Salt Lick. Ky
18. BURIAL, CREMATION, OR REMOVAL Jones Cem Jan 6 37
19. UNDERTAKER Barnes & Thompson
(ADDRESS) Salt Lick
20. FILED 1-6 37 Wm LC Alley

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan 4 1937
22. I HEREBY CERTIFY, That I attended deceased from Dec. 3 1936 to Jan 3 1937 (last saw h[illegible] alive on Dec. 3 1936) that death is said to have occurred on the date stated above, at 4:30 P. M. The principal cause of death and related causes of importance in order of onset were as follows:

	Duration
(a) Chronic Tuberculosis	1 mo
(b)	
(c)	
Contributory causes of importance not related to principal cause:	

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No.
23. If death was due to external violence (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)
Nature of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____ If so, _____
(Signed) Dr. C. T. Jones M. D.
(Address) Salt Lick, Ky.

WARNING: PENALTY, WITH OR WITHOUT INTENT TO DEFRAUD, FOR WILFULLY SUPPLYING FALSE INFORMATION IN A PERMANENT RECORD. Every item of information should be carefully supplied. Ages should be stated EXACTLY. PHYSICIAN should also state CAUSE OF DEATH in terms as to that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING