Form 1 (Rev. 1918)

1 PLACE OF DEATH

County Bath

Vet. Pct. No 2

Inc. Town Salt Lick Ky

City ... (No. ... St. ... Ward)

Commonwealth of Kentucky
State Board of Health
Bureau of Vital Statistics
CERTIFICATE OF DEATH

Registration District No. 52

Primary Registration District No. 5106

File No. F 2784

Registered No. ...

(If death occurred in a hospital or institution give the name instead of street and number)

2 FULL NAME Martha McCarty

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 CONDITION married, widowed, divorced, single (Write the word) widowed

6 DATE OF BIRTH Unknown (Month) (Day) 1866 (Year)

7 AGE 54 yr. ... mo. ... da. (If less than 1 day ... hrs. or ... min.)

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

9 BIRTHPLACE (State or country) Bath Co, Ky.

PARENTS

10 NAME OF FATHER Unknown

11 BIRTHPLACE OF FATHER (State or country) South Ky.

12 MAIDEN NAME OF MOTHER Unknown

13 BIRTHPLACE OF MOTHER (State or country) Unknown

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF

(Informant) Clark Powell

(Address) Salt Lick Ky.

15 Filed 11-28, 1920 W. H. McAlpin Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 27 (Month) (Day) 1920 (Year)

I HEREBY CERTIFY, That I attended deceased from Nov. 14, 1919, to Feb 27, 1920, that I last saw him alive on Feb 26, 1920, and that death occurred on the date stated above at 12 M. The CAUSE OF DEATH was as follows:

Tuberculosis of bowels

(Duration) ... yr. 2 mos. 1 da.

Contributory (Secondary) ...

(Duration) ... yr. ... mos. ... da.

(Signed) M. B. Chapman M. D.

Feb 27, 1920 (Address) Salt Lick Ky

Note: For Diseases Causing Death, or Injuries from Violence, Complete 17 Means of Injury and 18 Medical Attendant, Coroner, or Jury.

19 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients Give Usual Residence)

At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.

Where was disease contracted, if not at place of death? ...

Former or usual residence ...

20 PLACE OF BURIAL OR REMOVAL Salt Lick Ky

21 UNDERTAKER Wm J Begley

22 DATE OF BURIAL Feb 28, 1920

23 ADDRESS Salt Lick Ky

Note: If there is no information, should a diligent search be made? Any omissions, especially in the CAUSE OF DEATH, be made before burial, so that it may be properly classified. Report statement of facts, not opinions, on back of certificate.