

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

1 PLACE OF DEATH  
County Bath  
Vot. Pct. 4085  
Inc. Town \_\_\_\_\_  
City \_\_\_\_\_

Registration District No. 52

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

2 FULL NAME Delitha Black  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS  
3 SEX female  
4 COLOR OR RACE white  
5 Single  Married  Widowed  or Divorced  (Write the word)  
6a If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_  
6 DATE OF BIRTH dec 12 1929  
(Month) (Day) (Year)  
7 AGE still born IF LESS than 1 day \_\_\_\_\_ hrs or \_\_\_\_\_ min?  
8 OCCUPATION OF DECEASED  
(a) Trade, profession or particular kind of work none  
(b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_

9 BIRTHPLACE (city or town) Salt Lick Ky  
(State or country)  
PARENTS  
10 NAME OF FATHER Mrs Black  
11 BIRTHPLACE OF FATHER (city or town) Ky  
(State or country)  
12 MAIDEN NAME OF MOTHER Maha McClain  
13 BIRTHPLACE OF MOTHER (city or town) Bath Co.  
(State or country)

14 (Informant) H M R Black  
(Address) Salt Lick Ky

MEDICAL CERTIFICATE OF DEATH  
16 DATE OF DEATH 12 29 1929  
(Month) (Day) (Year)  
17 I HEREBY CERTIFY, That I attended deceased from 12/29 1929 to 12/29 1929, that I last saw h. alive still born, and that death occurred on the date stated above at \_\_\_\_\_ m. The CAUSE OF DEATH\* was as follows:  
still born  
caused by pressure  
on cord  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Contributory (Secondary) \_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18 IS WHERE WAS DISEASE CONTRACTED  
If not at place of death? \_\_\_\_\_  
Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_  
Was there an autopsy? \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_  
(Signed) S. C. Alexander M. D.  
12/29, 1929 (Address) Salt Lick Ky

\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Jones Cemetery DATE OF BURIAL 12-30-29  
UNDERTAKER Mrs. J. W. Vanfan ADDRESS Salt Lick Ky

Filed 12-29-29 Mrs S. C. Alexander  
Registrar