

1 PLACE OF DEATH

County Bath

File No. 25896

Vol. No. 2007

Registration District No. 12

Registered No. _____

Inc. Town Salt Lick

Primary Registration District No. 4084

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

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

2 FULL NAME Mary Green

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
 M. S.—Every item of information should be carefully supplied. AGE should be given EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain language so that it may be properly classified. Statement of OCCUPATION is very important. See instructions on back of certificate.
 NAMES REFERRED TO HEREIN

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 MARRIAGE Single
 Married widow
 Widowed or Divorced (Write the word)

6 DATE OF BIRTH Dec 18 1922
 (Month) (Day) (Year)

7 AGE 90 yrs. mos. da. If LESS than 1 yr. or more than 100 yrs. state age in months and days

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

9 BIRTHPLACE (State or country) Bath Co Ky

10 NAME OF FATHER Bobie Jones

11 BIRTHPLACE OF FATHER (State or country) Bath Co Ky

12 MAIDEN NAME OF MOTHER Barby Green

13 BIRTHPLACE OF MOTHER (State or country) Ross Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Vida Hager
 (Address) Leighton Ky

15 FILED 12-19-1922 at Salt Lick Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 18 1922
 (Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Dec 4, 1922, to Dec 17, 1922, that I last saw him alive on Dec 17, 1922, and that death occurred on the date stated above at 9 A.M.

The CAUSE OF DEATH* was as follows:
Paralysis
 (Duration) _____ yrs. _____ mos. _____ da.

Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ da.

(Signed) Dr. C. J. Jones, M. D.
Dec 19, 1922 (Address) Salt Lick Ky

*State the Disease Causing Death, or, in deaths from Violent Causes state the Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

17 LENGTH OF RESIDENCE (For Hospitals, Institutions, Traveling or Street Residents) at place _____ yrs. _____ mos. _____ da. in the State _____ yrs. _____ mos. _____ da. Where was disease contracted.

if not at place of death? Former or usual residence _____

18 PLACE OF BURIAL OR REMOVAL Woods grave DATE OF BURIAL Dec 19

19 UNDERTAKER Mrs. J. W. Vaughan ADDRESS Salt Lick Ky