

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County Bath
Reg. Dist. No. 52
Primary Registration Dist. No. 5105

Vol. No. 5105
File No. 3367
Registered No. 73

No. Town
City (No. Ward)
Ward

FULL NAME Mrs. Margaret Myers

(If death occurred in hospital or institution, give its name and number.)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White MARRIAGE STATUS Widow

DATE OF BIRTH Oct 16 1836
(Month) (Day) (Year)

AGE 77 yrs. 4 mos. 7 ds. IF LESS THAN 1 YEAR (Specify month and day)

OCCUPATION
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (State or country) Bath Co. Ky.

PARENTS
10 NAME OF FATHER
11 BIRTHPLACE OF FATHER (State or country)
12 MARRIAGE NAME OF MOTHER
13 BIRTHPLACE OF MOTHER (State or country)

DATE OF DEATH Feb 23 1914
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from 2-20 1914, to 2-20 1914 that I had seen her alive on 2-20 1914 and that death occurred, on the date stated above, at 6 A.M.

THE CAUSE OF DEATH* was as follows:
Valvular lesion of heart causing regurgitation of blood

(Specify) 2 yrs. - 0 mos. - 0 ds.

Contributory (Specify) (Specify) yrs. mos. ds.

(Signed) Spencer C. Alexander, M.D.
2-24 1914 (Address) Bath Ky.

How is the Disease Communicated? Is death from Venereal Cause? (1) Nature of Injury? (2) Whether Accidental, Suicidal or Homicidal

LENGTH OF RESIDENCE (For Hospital, Institution, Tramp Home or Nursing Home):
At place of death (Specify) yrs. mos. ds. State (Specify) yrs. mos. ds.

Where was disease contracted, if not at place of death?
Former or usual residence

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) T. J. Rogers
(Address) Bath Ky.

Physician Spencer C. Alexander
Signature

PLACE OF BURIAL OR REMOVAL James Graham
UNDERTAKER Rogers & Knox Co
DATE OF BURIAL 2-24 1914
ADDRESS Bath Ky.

VERIFY PLAINLY, WITH CAREFULNESS THE TRUE IDENTITY OF DECEASED. ALL SHOULD BE SUBMITTED TO LOCAL PHYSICIAN WHO SHOULD BE SURE THAT IT MEETS ALL REQUIREMENTS OF STATUTES IN THIS RESPECT. FOR BEST RESULTS SEE INSTRUCTIONS ON BACK OF CERTIFICATE.