

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

11130

1 PLACE OF DEATH
County Bath

File No.

Vet. Pct. 4098 Registration District No. 5-2

Registered No.

Ino. Town. Primary Registration District No. 4048

City. (No. St. Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Mary Razor Jenkins

(a) Residence. No. St. Ward. (If nonresident, give city or town and State)

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

MEDICAL CERTIFICATE OF DEATH

3 SEX Female 4 COLOR OR RACE White 5 Single Married Widowed Divorced (Write the word)

16 DATE OF DEATH May 26, 1935
(Month) (Day) (Year)

5a if married, widowed, or divorced HUSBAND of (or) WIFE of

17 I HEREBY CERTIFY, That I attended deceased from March 5, 1935 to May 5, 1935 that I last saw her alive on March 5, 1935

6 DATE OF BIRTH August 28, 1950
(Month) (Day) (Year)

and that death occurred on the date stated above at ... m. The CAUSE OF DEATH* was as follows: bronchial & cardiac asthma

7 AGE 84 yrs. 8 mos. 28 ds. If LESS than 1 day..... hrs. or..... min?

(Duration) probably several years yrs. mos. ds.

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

Contributory (Secondary) (Duration) yrs. mos. ds.

9 BIRTHPLACE (city or town) (State or country) Kentucky

18 WHERE WAS DISEASE CONTRACTED If not at place of death?

PARENTS 10 NAME OF FATHER Jessie Hedges 11 BIRTHPLACE OF FATHER (city or town) (State or country) Kentucky 12 MAIDEN NAME OF MOTHER Lucy Hawkins 13 BIRTHPLACE OF MOTHER (city or town) (State or country) Kentucky

Did an operation precede death?..... Date of..... Was there an autopsy? no What test confirmed diagnosis? (Signed) D. C. Jones M. D. May 28 1935 (Address) Salt Lick, Ky

14 (Informant) Mrs V. F. Jones (Address) Post Office 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.)

15 Filed 5-28, 1935 Mrs. S. C. Anderson Registrar

19 PLACE OF BURIAL OR REMOVAL Jones Cemetery DATE OF BURIAL May 28, 1935 20 UNDERTAKER Barnes & Harman ADDRESS Salt Lick, Ky

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain, important. See instructions on back of certificate.