

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

15483

1. PLACE OF DEATH
County Bowling Registration District No. 1311 File No. _____
Vot. Prec. Ramoth Primary Registration District No. 7335 Registered No. 11
Ins. Town _____ City _____ No. _____ St. _____ Ward _____
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Mary Potter
(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode) (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

3. SEX Female 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) married

6. If married, widowed, or divorced (last) WIFE of Barton Potter

7. DATE OF BIRTH March 11, 1914

8. AGE

Years	Months	Days	If LESS than
<u>20</u>	<u>3</u>	<u>4</u>	1 day hrs. or min.

9. Trade, profession, or particular kind of work done, or profession, lawyer, bookkeeper, etc. Housewife

10. Date deceased last worked in this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE Kentucky

13. NAME Sam Bullett

14. BIRTHPLACE Kentucky

15. MOTHER NAME Ella Wooten

16. BIRTHPLACE Kentucky

17. INFORMANT Mr. Sam Bullett
(Address) Sammers, Ky.

18. SERIAL CREMATION OR REMOVAL
Place Genea Cemetery Date June 17, 1934

19. UNDERTAKER Barnes & Hahsman
(Address) East Side, Ky.

20. FILED June 20, 1934 W. E. Evans
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH June 15, 1934

22. I HEREBY CERTIFY That I attended deceased from _____ to _____, 1934.
I last saw him/her alive on June 14, 1934, death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance in order of onset were as follows:
Peripneumonic pneumonia
Pneumonitis
Date of onset _____

Contributory causes of importance not related to principal cause: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ date of injury _____ 19____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____
(Signed) W. E. Evans M. D.
(Address) Morehead, Ky.

MARGIN RESERVED FOR BINDING
N. B. WRITE PLAINLY, WITH UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See heading lines on back of certificate.