

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

12280

LEASCH OF DEATH

County Rowan

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

Vol. No. 11

Registration District No. 7371

Registered No. 15

Ins. Town Martinsburg

Primary Registration District No. 2505

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

City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

2 FULL NAME Margaret Cook

WRITE PLAINLY IN UNFADING INK.—THIS IS A PERMANENT RECORD  
 VALUE IS PRESERVED FOR RECORDS  
 N. B.—Every item of information should be correctly 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 instructions on back of certificate.

PERSONAL AND STATISTICAL PARTICULARS

1 SEX M 4 COLOR OR RACE W 5 Mingle  
 Married W  
 Widowed W  
 or Divorced  
 (Write the word)

6 DATE OF BIRTH \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ (Year)

7 AGE 80 yrs 9 mos 27 ds IF LESS than 1 day ..... hrs. or ..... min?

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

9 BIRTHPLACE (State or country) W

10 NAME OF FATHER Richard Adams

11 BIRTHPLACE OF FATHER (State or country) VA.

12 MAIDEN NAME OF MOTHER Martha Brown

13 BIRTHPLACE OF MOTHER (State or country) W

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) \_\_\_\_\_ (Address) \_\_\_\_\_

Filed Apr 8, 1923 Eva Cundill Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 7, 1923 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 1, 1923, to April 7, 1923, that I last saw him alive on April 6, 1923, and that death occurred on the date stated above at 11 AM.

The CAUSE OF DEATH\* was as follows: Influenza

(Duration) \_\_\_\_\_ yrs \_\_\_\_\_ mos \_\_\_\_\_ ds

Contributory (Secondary) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs \_\_\_\_\_ mos \_\_\_\_\_ ds

(Signed) J. B. Currey M. D. 4/7, 1923 (Address) Martinsburg, W. Va.

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

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) at place \_\_\_\_\_ in the State \_\_\_\_\_ of death yrs \_\_\_\_\_ mos \_\_\_\_\_ ds. Where was disease contracted, if not at place of death? Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL South of Martinsburg DATE OF BURIAL 4/8/23

20 SIGNATURE OF REGISTRAR J. B. Currey ADDRESS Martinsburg