

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

File No. 23721

1 PLACE OF DEATH
County *Bath*

Vot. Pot. *5106*

Registration District No. *62*

Registered No.

Ino. Town

Primary Registration District No. *5106*

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

City (No. St. Ward)

2 FULL NAME *Mary E. Pettitt*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Female*
4 COLOR OR RACE *White*
5 SINGLE MARRIED, WIDOWED OR DIVORCED *Married*
(Write the word)

16 DATE OF DEATH *Oct. 7, 1915*
(Month) (Day) (Year)

6 DATE OF BIRTH
(Month) (Day) (Year) *1*

17 I HEREBY CERTIFY, that I attended deceased from *Sept. 24, 1915*, to *Oct. 7, 1915*, that I last saw him alive on *Oct. 6, 1915*

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

and that death occurred on the date stated above at *3 a.m.* The CAUSE OF DEATH* was as follows:
typhoid fever

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

(Duration).... yrs.... mos. *14* ds.

9 BIRTHPLACE (State or country) *Ky.*

Contributory (SECONDARY) *None*

10 NAME OF FATHER *Thomas Thompson*

(Duration).... yrs.... mos.... ds.

11 BIRTHPLACE OF FATHER (State or country) *Pa*

(Signed) *L. F. Robbins, M. D.*

12 MAIDEN NAME OF MOTHER *Martha Click*

Oct. 5, 1915 (Address) *Salt Lick, Ky.*

13 BIRTHPLACE OF MOTHER (State or country) *Ky.*

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

(Informant) *Grant Pettitt*

At place of death.... yrs.... mos.... ds. In the State.... yrs.... mos.... ds.

(Address) *Salt Lick, Ky.*

Where was disease contracted, if not at place of death?

Former or usual residence

15 Filed *10/7, 1915* *W. Alexander* REGISTRAR

19 PLACE OF BURIAL OR REMOVAL *James graveyard* DATE OF BURIAL *10-8, 1915*

20 UNDERTAKER *Ms. Saints Vaughn* ADDRESS *Salt Lick, Ky.*