

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. **3002**

1. PLACE OF DEATH
County **DATH**
Vol. No. **4092**
Inc. Town **...**
City **NY**

Registration District No. **50**
Primary Registration District No. **4092**

Registered No. _____

2. FULL NAME **MARY VIRGINIA RAZOR**
(If death occurred in hospital or institution, give its NAME instead of street and number)
RESIDENT, WHAT WARD _____
(If non-resident, 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 **COLORED**
5. Single, Married, Widowed, Divorced (circle the one)
WIDOWED
6. DATE OF BIRTH **1903**
7. AGE **75** Years **2** Months **29** Days
8. Trade, profession, or particular kind of work (Specify the name, as engineer, lawyer, bookkeeper, etc.)
9. Industry or business in which work was done, as iron mill, sawmill, bank, etc. **HOUSEWIFE**
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH
12. DATE OF DEATH **FEB 19 1929**
13. I HEREBY CERTIFY, That I attended deceased from **Feb 8/29** to **Feb 14/29**
I last saw him alive on **Feb 14/29**. Death is said to have occurred on the date stated above, at **10:30 AM**
The principal cause of death and related causes of importance in order of onset were as follows:
Lobar Pneumonia Feb 10/29
Influenza Feb. Jan 20/29

12. BIRTHPLACE **KENTUCKY**
13. NAME **PETER GREEN**
14. BIRTHPLACE **KENTUCKY**
15. MAIDEN NAME **EMELY DONITHAN**
16. BIRTHPLACE **KENTUCKY**
17. INFORMANT **BILL GREEN**
(Address) **SALT LICK KY**
18. BURIAL, CREMATION, OR REMOVAL
Place **JONES Cem** Date **FEB 19 1929**
19. UNDERTAKER **BARNES & HORSEMAN**
(Address) **SALT LICK KY**
20. FILED **Feb 19 1929** **Max Case / Bradley**
Register (Address) **Salt Lick, Ky.**

Contributory causes of importance not related to principal cause:
Organic heart disease probably several years
Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? **NO**
23. If death was due to external cause (violence) fill in also the following:
Accident, suicide, or homicide? _____ date of injury _____
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 **443**
(Signed) **D. C. T. Jones** M. D.
(Address) **Salt Lick, Ky.**

MARGIN RESERVED FOR BINDING
8. WRITE PLAINLY, WITH INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully reported and should be stated EXACTLY. PHYSICIAN'S STATE CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instruction. Stamp on back of certificate.