

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

12870

1. PLACE OF DEATH
County Bath
City Mahala Ann Hunt
Reg. No. _____
Registered No. _____
City _____ (If death occurred in a hospital or institution, give its NAME instead of street and number)
City _____ St. _____ Ward _____
City _____ (If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Mahala Ann Hunt
(a) Residence No. _____ St. _____ Ward _____ (If nonresident, give city or town and state)
(Usual place of abode)
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 (circle the one) Widowed
6. Name of husband or divorced husband (or wife) William Hunt
7. DATE OF BIRTH August 30, 1905
7. AGE Year 16 Months 9 Days 5 If less than 1 year, give in months and days.
8. Trade, profession, or particular kind of work done, or occupation, lawyer, bookkeeper, etc. Housework
9. Industry or business in which work was done, or place, store, mill, sawmill, bank, etc.
10. Days deceased last worked at his occupation (month and year) II. Time last (month) spent in his occupation

MEDICAL CERTIFICATE OF DEATH
11. DATE OF DEATH June 4, 1922
12. WHERE CERTIFYING PHYSICIAN THAT DECEASED PASSED FROM THIS WORLD IN _____ IN _____ IN _____ IN _____
I last saw the decedent on June 1, 1922, death is said to have occurred on the date stated above, at home.
The principal cause of death and related causes of importance in order of onset were as follows:
Carcinoma of Rectum
Date of onset _____
Contributory causes of importance not related to principal cause: _____

13. BIRTHPLACE Kentucky
14. NAME James S. Hunt
15. BIRTHPLACE Kentucky
16. MAIDEN NAME Polly Fahmal
17. BIRTHPLACE Kentucky
18. INFORMANT Pam Hunt
(Address) Bath Lick, Ky.
19. FULL ORIGINATOR OR REMITAL James H. Hunt
Place Bath Lick, Ky. Date June 5, 1922
20. SIGNATURE James H. Hunt
(Address) Bath Lick, Ky.
21. FILED June 5, 1922

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
22. If death was due to external causes (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 _____
23. Was disease or injury in any way related to occupation of decedent? _____ If so, specify _____
(Signed) Dr. C. J. Jones, M. D.
(Address) Bath Lick, Ky.

MAKING RESERVED FOR BINDING
WHILE PLAINLY, WITH, UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be recorded EXACTLY. PHYSICIANS should always CAUSE DEATH to be recorded as such to show its proper classification. Exact statement of OCCUPATION is very important. See instructions on back of certificate.