

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

File No. **5604**

PLACE OF DEATH
County Rowan
Vol. No. R 2 F 11111
Ins. Town Farmers
City (No. St.) Ward)

Registered No. 6
(If death occurred in a hospital or institution give its NAME instead of street and number.)

FULL NAME Matilda King

PERSONAL AND STATISTICAL PARTICULARS

SEX <u>Female</u>	COLOR OR RACE <u>White</u>	SINGLE, MARRIED, WIDOWED, OR DIVORCED (Give the word) <u>Married</u>
DATE OF BIRTH <u>April 14, 1891</u>		
AGE <u>31 - 10 - 13</u>	IF LESS THAN 1 day ... hrs. 2 ... min. ?	
OCCUPATION (a) Trade, profession, or particular kind of work... <u>None</u> (b) General nature of industry, business, or establishment in which employed (or employer) ... <u>None</u>		
BIRTHPLACE (State or country) <u>Ruth Co. Ky.</u>		
PARENTS	I NAME OF FATHER <u>Milton Stone</u>	
	II BIRTHPLACE OF FATHER (State or country) <u>Virginia</u>	
	III MAIDEN NAME OF MOTHER <u>Maria Bon Blarham</u>	
	IV BIRTHPLACE OF MOTHER (State or country) <u>Caroline Ky.</u>	

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH February 14, 1923
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from Oct 15, 1922 to Feb 14, 1923, that I last saw h. c. s. alive on Feb 14, 1923, and that death occurred, on the date stated above, at 12:30 p.m.

The CAUSE OF DEATH was as follows:
Chronic Cardiac Insufficiency

Contributory (Duration) 5 yrs. ... mos. ... ds.

(Signed) Allen W. McQueen M. D.
2/14/23 (Address) Farmers Ky.

Where the DEATH CAUSED DEATH, or In death from VIOLENT CAUSE, state (1) MANNER OF INJURY; and (2) WHETHER ACCIDENTAL, RECIDIVAL OR SUICIDAL

LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL <u>James Cemetery</u>	DATE OF BURIAL <u>Feb 14, 1923</u>
UNDERTAKER <u>J. J. ...</u>	ADDRESS <u>Farmers Ky</u>

IF THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Nancy King
(Address) Farmers Ky.
Filed Feb 14, 1923 at H. D., Ky. REGISTRAR

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully checked. AGE should be stated EXACTLY. PARTICULARS should be stated EXACTLY. OCCUPATION should be stated EXACTLY. OCCUPATION is very important. See instructions on back of certificate.