

1 PLACE OF DEATH
 County *Booth*
 Vol. No. *5106*
 Ins. Town *Salt Lick Ky*
 City (No. *7* (St. *2* Ward)
 2 FULL NAME *Mattie Anderson*

Reg. Dist. *Th. 52.*
5106
 File No.
 Registered No. *25*
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

1 SEX *Female* 2 COLOR OR RACE *White* 3 MARRIAGE, WIDOWED, DIVORCED, OR SEPARATED (Write the word) *widowed*

4 DATE OF BIRTH *Syd. 7, 1855*
(Month) (Day) (Year)

5 AGE *55 yrs 9 mos 14 ds*
OR LESS than 1 day ... hrs. or ... min. ?

6 OCCUPATION
 (a) Trade, profession, or particular kind of work *House keeping for self*
 (b) General nature of industry, business, or establishment in which employed (or employer)

7 BIRTHPLACE (State or country) *Nicholas Co, Ky.*

PARENTS

8 NAME OF FATHER *James Lowe*

9 BIRTHPLACE OF FATHER (State or country) *Nicholas Co, Ky.*

10 MAIDEN NAME OF MOTHER *Mitchel*

11 BIRTHPLACE OF MOTHER (State or country) *Nicholas Co, Ky.*

MEDICAL CERTIFICATE OF DEATH

12 DATE OF DEATH *June 14, 1911*
(Month) (Day) (Year)

13 I HEREBY CERTIFY That I attended deceased from *About June 1, 1910, to June 14, 1911,*
 that I last saw h. or alive on *June 14, 1911,*
 and that death occurred, on the date stated above, at *9 a.m.*
 The CAUSE OF DEATH* was as follows:
Tuberculosis of bowels

Contributors *General Exhaustion*
(Duration) 2 yrs. mos. ds.

(Signed) *L. H. Robinson, M. D.*
June 16, 1911. (Address) Salt Lick, Ky.

*Include the DISEASE CAUSING DEATH, or its death from VOLUNTARY CAUSES, DATE (1) MEANS of INJURY, and (2) WHEREBY ACCIDENTAL, or SIGNAL of HOMICIDE.

14 LENGTH OF RESIDENCE (Place Name and Institution, Townships or VICINITY RESIDENTS)
 At place of death ... yrs. ... mos. ... ds. Since ... yrs. ... mos. ... ds.
 Where was disease contracted, if not at place of death?
 Former or usual residence

15 PLACE OF BURIAL OR REMOVAL *Jones Cemetery* DATE OF BURIAL *June 17, 1911.*
 Undertaker *W. R. Stephens* Address *Salt Lick Ky*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Therese S. Sweden*
 (Address) *Paris, Ky.*

Filed *June 12, 1911* J. G. Pierce Registrar

MARGIN RESERVED FOR BINDING. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.

M. D.—Every name of informant should be carefully spelled. 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.