

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

10425

1 PLACE OF DEATH

County Bath

Vol. No. 5705

Ino. Town

City

Registration District No. 12

Primary Registration District No.

(No. St. Ward)

File No.

Registered No.

(If death occurred in a hospital or institution give the name instead of street and number.)

2 FULL NAME Martha White

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

14 DATE OF DEATH Apr 7 1920
(Month) (Day) (Year)

6 DATE OF BIRTH unknown
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from June 25, 1918, to Oct 24, 1918, that I last saw her alive on Oct 24, 1918, and that death occurred on the date stated above at 2:30 p.m. The CAUSE OF DEATH* was as follows:

7 AGE about 60 years IF LESS than 1 day ... hrs. or ... mo. ?

Cyber anoxia of the lungs
(Duration) ... yrs. ... mos. ... ds.

8 OCCUPATION (a) Trade, profession, or particular kind of work. none (b) General nature of industry business or establishment in which employed (or employer)

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

9 BIRTHPLACE (State or country) Bath Co Ky

(Signed) E. F. Jones, M. D.
Apr 8, 1920 (Address) Salt Lick Ky

10 NAME OF FATHER unknown

11 BIRTHPLACE OF FATHER (State or country) -

12 MAIDEN NAME OF MOTHER -

13 BIRTHPLACE OF MOTHER (State or country) -

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

15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

Where was disease contracted, if not at place of death? Former or usual residence

(Informant) James Goldy
Address Salt Lick Ky

16 PLACE OF BURIAL OR REMOVAL Jones Cemetery DATE OF BURIAL 4-8, 1920

18 Filed 4-8, 1920 M^{rs} S. H. Alexander
REGISTRAR

19 UNDERTAKE J. W. Lane ADDRESS Corningville Ky
& Son

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly certified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.