

STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

23722

1 PLACE OF DEATH

County *Bath*

Vot. Pot. *5/06*

Ino. Town

City

Registration District No. *51*

Primary Registration District No. *5106*

(No. .... St., .... Ward)

File No. ....

Registered No. ....

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME *Maude Oditt*

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *Female* 4 COLOR OR RACE *white* 5 SINGLE MARRIED, WIDOWED OR DIVORCED *single*  
(Write the word)

16 DATE OF DEATH *Oct. 22, 1915*  
(Month) (Day) (Year)

6 DATE OF BIRTH *July 15, 1915*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Sept 27, 1915*, to *Oct 22, 1915*, that I last saw her alive on *Oct 10, 1915*

7 AGE *3 yrs. 7 mos. 7 ds.* IF LESS than 1 day ... hrs. or ... min.?

and that death occurred on the date stated above at *3:30* p.m. The CAUSE OF DEATH\* was as follows:

8 OCCUPATION (a) Trade, profession, or particular kind of work *seaman* (b) General nature of industry business or establishment in which employed (or employer)

*Infected from a few weeks previous*

9 BIRTHPLACE (State or country) *Ky*

(Duration) ... yrs. ... mos. ... ds. Contributory *none*

PARENTS

10 NAME OF FATHER *W Grant Oditt*

(Duration) ... yrs. ... mos. ... ds. (Signed) *G. F. Robbins*, M. D.

11 BIRTHPLACE OF FATHER (State or country) *Ky*

*Oct. 25, 1915* (Address) *Salt Lick, Ky*

12 MAIDEN NAME OF MOTHER *Mary Thompson*

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

13 BIRTHPLACE OF MOTHER (State or country) *Ky*

18 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 (Informant) *W Grant Oditt*

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

(Address) *Salt Lick, Ky*

19 PLACE OF BURIAL OR REMOVAL *Jones grave yard* DATE OF BURIAL *10-23-15*

15 *W. C. Alexander* REGISTRAR

20 UNDERTAKER *Mrs. S. C. Vaughan Salt Lick*

Filed *10-25*, 1915