

COMMONWEALTH OF KENTUCKY  
Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Form T. S. 1-4  
L. PLACE OF DEATH  
County Bath  
City Bath  
Reg. No. 4244

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_

3. FULL NAME Jack Mc Cartey  
Sex Male Race White  
Date of Birth June 23, 1890 Age 38 Years 1 Mo. 1 D. 12

PERSONAL AND STATISTICAL PARTICULARS  
1. SEX Male 2. COLOR OF HAIR White 3. Single, Married, Widowed, or Divorced Married  
4. NAME OF WIFE Susan Mc Cartey  
5. OCCUPATION Farmer  
6. BIRTHPLACE Kentucky

MEDICAL CERTIFICATE OF DEATH  
21. DATE OF DEATH March 12, 1928  
22. I HEREBY CERTIFY, That I attended deceased from Jan 23/28 to March 1/28  
I last saw him alive on March 1/28 at his home  
The proximal cause of death and related causes of importance in order of their order are follows:  
Cerebral embolism and arterial paralysis

7. AGE 38 Sex Male Race White 8. STATE OF BIRTH Kentucky  
9. PLACE OF BIRTH Bath, Ky  
10. DATE DEPARTED FOR BIRTH June 23, 1890  
11. NAME Jack Mc Cartey  
12. BIRTHPLACE Kentucky  
13. MARRIAGE Married  
14. BIRTHPLACE Kentucky

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes  
23. If death was due to external causes (violence, fall, fire, etc.)  
Where did injury occur? \_\_\_\_\_ Date of injury \_\_\_\_\_  
Specify whether injury occurred in industry, in home, or in public place.

15. MARRIAGE Married  
16. MARRIAGE Married  
17. MARRIAGE Married  
18. MARRIAGE Married  
19. MARRIAGE Married  
20. FILED 3-13-28 W. C. R. Registrar

24. SIGNATURE D. C. T. Jones  
25. ADDRESS 218 E. 2nd St.

MAKING RESERVED FOR SIGNING  
Every item of information furnished herein should be carefully checked, as errors are costly and corrections very important. See instructions on back of certificate.