

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

Form T. S. 1-4
L. PLACE OF DEATH
County Bath
Reg. Dist. 1-2
City Cathart

File No. _____
Registered No. _____

3. FULL NAME Jack Mc Cartey Word _____
101 RESIDENCE _____
Length of residence in city or town where death occurred _____

PERSONAL AND STATISTICAL PARTICULARS
1. SEX male 4. COLOR OF HAIR black 5. Single, Married, Widowed, or Divorced married
6. OCCUPATION Farmer
7. AGE 68 6 2
8. PLACE OF BIRTH Kentucky
9. DATE OF BIRTH March 13, 1874

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH March 12, 1938
22. I HEREBY CERTIFY, That I attended deceased from Jan. 23/38 to March 1/38
I last saw him March 1/38 after which I saw no more.
The proximal cause of death and related causes of importance in order of their order are follows:
Cerebral embolism and arterial paralysis
Contributory causes of importance are related to principal cause: _____

12. BIRTHPLACE Kentucky
13. NAME Jack Mc Cartey
14. BIRTHPLACE Kentucky
15. MARRIED NAME Susan Mc Cartey
16. BIRTHPLACE Kentucky
17. MARRIAGE CT. Jones
18. MARRIAGE PLACE Smiths River Ky
19. MARRIAGE DATE Jan 13, 1913
20. SIGNATURE James P. Harrison
Salt Lake, Kentucky

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? no
23. If death was due to external cause (violence or in the following: accident, suicide, or homicide) _____ date of injury _____
Where did injury occur? _____
Specify whether injury occurred in industry, in home, or in public place.
Nature of injury _____
Cause of injury _____
Was death or injury in any way related to occupation of deceased? _____
Signature D. C. T. Jones M. D.
Address 218 E. 1st St.,

MAKING RESERVED FOR SIGNING
A. STATE CLERK, WITH ALLOWED REGISTRATION OF A PERMANENT RESIDENT, SHALL BE RESPONSIBLE FOR THE CORRECTNESS OF THE STATE OF DEATH IN THIS STATE. IT IS THE DUTY OF THE CLERK TO SEE THAT THE STATE OF DEATH IS CORRECTLY REGISTERED. THE CLERK SHALL BE RESPONSIBLE FOR THE CORRECTNESS OF THE STATE OF DEATH IN THIS STATE. IT IS THE DUTY OF THE CLERK TO SEE THAT THE STATE OF DEATH IS CORRECTLY REGISTERED. THE CLERK SHALL BE RESPONSIBLE FOR THE CORRECTNESS OF THE STATE OF DEATH IN THIS STATE. IT IS THE DUTY OF THE CLERK TO SEE THAT THE STATE OF DEATH IS CORRECTLY REGISTERED.