

## PLACE OF DEATH

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

 County Bath Registration District No. 62 File No. \_\_\_\_\_  
 Vol. Fol. 5708 Primary Registration District No. \_\_\_\_\_ Registered 1917  
 Inc. Town \_\_\_\_\_ City \_\_\_\_\_ (No. \_\_\_\_\_) \_\_\_\_\_ (If death occurred in a  
 hospital or institution  
 give the name (number of  
 street and number.)  
 Ward \_\_\_\_\_
FULL NAME Susan Mc Carty

## PERSONAL AND STATISTICAL PARTICULARS

 SEX Female COLOR OR RACE White MARRIED, WIDOWED, OR DIVORCED widowed  
(Write the word)

 DATE OF BIRTH Jan 28, 1851  
(Month) (Day) (Year)

 AGE 66 yrs., 10 mos., 1 da. IF LESS THAN 1 day... hrs. or... min?

 OCCUPATION  
 (a) Trade, profession, or particular kind of work. Home keeping  
 (b) General nature of industry, business or establishment in which employed (or employer)

 BIRTHPLACE (State or country) Bath Co., Ky.

 NAME OF FATHER James Mc Cain

 BIRTHPLACE OF FATHER (State or country) Kentucky

 MAIDEN NAME OF MOTHER D. K.

 BIRTHPLACE OF MOTHER (State or country) D. K.

 IS THE ABOVE TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) Dr. C. D. Jones

 (Address) Salt Lick, Ky.

 Filed 11/20, 1917 D. C. Alexander  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

 DATE OF DEATH Jan 29, 1917  
(Month) (Day) (Year)

 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1917, to Jan 28, 1917, that I last saw him alive on Jan 28, 1917, and that death occurred on the date stated above at 8 A.M. The CAUSE OF DEATH\* was as follows:

renal degeneration  
 (Duration) 1 yrs., 10 mos., 1 da.

 Contributory (Secondary) (Duration) 1 yrs., 10 mos., 1 da.

 (Signed) C. D. Jones, M. D.  
Jan 30, 1917 (Address) Salt Lick, Ky.

\*State the DISEASE CAUSING DEATH, or, in deaths from violent causes state (1) means of injury; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, SANATORIA OR RECENT RESIDENTS)  
 At place of death 1 yrs., 10 mos., 1 da. In the State 1 yrs., 10 mos., 1 da.  
 Where was disease contracted, if not at place of death?  
 Former or usual residence \_\_\_\_\_

 PLACE OF BURIAL OR REMOVAL James Mc Carty DATE OF BURIAL 11-30, 1917

 UNDERTAKER None ADDRESS \_\_\_\_\_