

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

PLACE OF DEATH  
County Magalloway  
Vot. Pot. Central City  
Ine. Town Central City  
City Central City

Registration District No. 1087  
Primary Registration District No. 2435

File No. ....  
Registered 25414

2 FULL NAME Margaret Ann Haseber  
(a) Residence, No. .... St. .... Ward. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS  
1 SEX Female  
2 COLOR OR RACE White  
3 Single, Married, Widowed, or Divorced (Write the word) Married  
4 If married, widowed, or divorced HUSBAND of (or) WIFE of  
5 DATE OF BIRTH Sept 9 1843  
6 AGE 87 yrs. - 21 mos. - 21 ds.  
7 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work. Housework  
(b) General nature of industry, business or establishment in which employed (or employer)

MEDICAL CERTIFICATE OF DEATH  
10 DATE OF DEATH Oct 10 1930  
11 I HEREBY CERTIFY, That I attended deceased from Sept 27, 1930, to Oct 1, 1930, that I last saw h.a.t. alive on Oct 1st, 1930, and that death occurred on the date stated above at 10 a.m. The CAUSE OF DEATH\* was as follows:  
Apoplexy  
(Duration) .... yrs. .... mos. .... ds.  
Contributory (Secondary) (Duration) .... yrs. .... mos. .... ds.

8 BIRTHPLACE (city or town) (State or country) Kentucky  
PARENTS  
10 NAME OF FATHER Wiley Gray  
11 BIRTHPLACE OF FATHER (city or town) (State or country) Alabama  
12 MAIDEN NAME OF MOTHER  
13 BIRTHPLACE OF MOTHER (city or town) (State or country) Virginia  
14 (Informant) Ben Haseber  
(Address) Blount Ky  
15 Filed 10/11 1930 A. L. Sandford  
Registrar

16 IN WHICH WAS DISEASE CONTRACTED  
If not at place of death?  
Did an operation precede death? ..... Date of .....  
Was there an autopsy? .....  
What test confirmed diagnosis?  
(Signed) J. M. McCallister, M. D.  
Oct 10, 1930 (Address) Central City Ky  
\*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)  
17 PLACE OF BURIAL OR REMOVAL Courthouse Cemetery  
DATE OF BURIAL 10/11, 1930  
18 UNDERTAKER C. G. Anderson  
ADDRESS Central City

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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

MAILED REGISTERED FOR INDEXING