

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

PLACE OF DEATH

County WashingtonVol. No. Beach Creek

Inc. Town

Registration District No. 872Primary Registration District No. 71254

City (No. St. Ward)

File No. 10284Registered No. 30

(If death occurred in a hospital or institution, give the full name of the street and number.)

FULL NAME Matthew N. Key

PERSONAL AND STATISTICAL PARTICULARS

| | | |
|------------------------|---------------------------------|--|
| 1 SEX <u>Female</u> | 4 COLOR OR RACE <u>White</u> | 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) |
| | | <u>Married</u> |

6 DATE OF BIRTH
Mar 3, 1874
(Month) (Day) (Year)

7 AGE
40 yrs. 4 mos. 9 ds.
IF LESS than 1 day ... yrs. or ... min.?

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

9 BIRTHPLACE
(State or country)
Todd Co. N.Y.

10 NAME OF FATHER
H. N. Shumwell

11 BIRTHPLACE OF FATHER
(State or country)
Todd Co. N.Y.

12 MAIDEN NAME OF MOTHER
Elizabeth Tomberlin

13 BIRTHPLACE OF MOTHER
(State or country)
Todd Co. N.Y.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M. A. Shumwell

(Address) Beach Creek, N.Y.

15 Filed July 11, 1914 by J. R. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
July 11, 1914
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar 1, 1914, to July 12, 1914, that I last saw him alive on July 4, 1914, and that death occurred on the date stated above at 11 a.m. THE CAUSE OF DEATH was as follows:
Heart disease

(Duration) ... yrs. 4 mos. 11 ds.

Contributory (SECONDARY) (Duration) ... yrs. ... mos. ... ds.
(Signed) H. F. Whites M. D.

191... (Address) Beach Creek, N.Y.

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

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
At place of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death?
Furner or usual residence

19 PLACE OF BURIAL OR REMOVAL
Wheat's Chapel
DATE OF BURIAL
July 12, 1914
ADDRESS
Beach Creek, N.Y.

WRITE PLAINLY, WITH INK, IN BLOCK LETTERS. THIS IS A PERMANENT RECORD. A 2-3-Every item of information, with subsequent entries, should state CAUSE OF DEATH in plain terms, so that it may be read and understood by any person. SEPARATION is very important. See instructions on back of certificate.