

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

2960

1 PLACE OF DEATH
County *Webster*
Vol. Fol. *Yates*
Ino. Town
City (No. St., Ward)

Registration District No. *1450*
Primary Registration District No. *7231*

File No.
Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME *Francis Marku*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female*
4 COLOR OR RACE *white*
5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *married*

6 DATE OF BIRTH *Oct. 25, 1861*
(Month) (Day) (Year)

7 AGE *59 yrs. 2 mos. 16 ds.*
IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) *Webster Co. Ky*

10 NAME OF FATHER *H. J. Tolbert*

11 BIRTHPLACE OF FATHER (State or country) *Muhlenberg Co. Ky*

12 MAIDEN NAME OF MOTHER *Mary Ann Lynn*

13 BIRTHPLACE OF MOTHER (State or country) *Webster Co. Ky*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *Sam. Marku*
(Address) *Dunmore, Ky.*

15 Filed *Feb. 9, 1931* *Anna Hall*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Jan. 21, 1931*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Sept. 1, 1930* to *Jan. 21, 1931*, that I last saw her alive on *Jan. 20, 1931*, and that death occurred on the date stated above at *7:30* a.m. THE CAUSE OF DEATH was as follows:

Septicemia 1/31

(Duration) *3 mos. 20 ds.*

Contributory (SECONDARY) *to pneumonia*
(Duration) *7 ds.*

(Signed) *W. C. Terry* M. D.
Jan. 22, 1931 (Address) *Dixon, Ky.*

*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. State *...* yrs. *...* mos. *...* ds.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Littleton* DATE OF BURIAL *Jan. 22, 1931*

20 UNDERTAKER *F. M. Terry & Co* ADDRESS *Dixon, Ky.*

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