

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

File No. 23624
Registered No. 60

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

1 PLACE OF DEATH

County WickliffeVot. Prec. Bremen 31

Inc. Town.....

City.....

Registration District No. 1086Primary Registration District No. 6814

(No. St., Ward)

2 FULL NAME Mary E. Maxwell

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single Married
Married widowed
Widowed widowed
or Divorced
(Write the word)

6 DATE OF BIRTH Mar 15, 1934
(Month) (Day) (Year)

7 AGE 90 yrs. 6 mos. 24 ds.
IF LESS than 1 day hrs. or min?

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

9 BIRTHPLACE (State or country) Spencer Co Ky

10 NAME OF FATHER Walter Sparks

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Nancy King

13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) J. D. Gish(Address) R. P. 1 Bremen Ky

15 Filed Nov 9, 1924 C. P. Robertson
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Oct 9, 1924
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 1, 1924, to Oct 6, 1924, that I last saw her alive on Oct 8, 1924, and that death occurred on the date stated above at 7:30 a.m.

The CAUSE OF DEATH* was as follows:
Infirmities of age
(Duration) yrs. mos. ds.

Contributory (Secondary) (Duration) yrs. mos. ds.

(Signed) C. P. Robertson, M. D.
Oct 9, 1924 (Address) Bremen 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 In the
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 Shaver Cemetery DATE OF BURIAL Oct 10, 1924

20 UNDERTAKER J. B. Tucker ADDRESS Bremen Ky

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

N. B.—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 classified. FACT STATEMENT OF OCCURRENCE IS VERY IMPORTANT. See instructions on back of certificate.

MARGIN RESERVED FOR INDEXING