

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

1 PLACE OF DEATH

County Mullensburg

Vot. Pot. East

Registration District No. 171

Ino. Town Greenville

Primary Registration District No. 2496

City (No. St. Ward)

2 FULL NAME Serial Echebert Martin

File No. 249659

Registered No. 88

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX male 4 COLOR OR RACE negro 5 SINGLE MARRIED, WIDOWED OR DIVORCED (Write the word) single

6 DATE OF BIRTH April 9, 1899
(Month) (Day) (Year)

7 AGE 15 yrs. 8 mos. 0 ds. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Mullensburg

10 NAME OF FATHER Amos Martin

11 BIRTHPLACE OF FATHER (State or country) Mullensburg

12 MAIDEN NAME OF MOTHER Willie Martin

13 BIRTHPLACE OF MOTHER (State or country) Mullensburg

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Amos Martin
(Address) Greenville

15 Filed 7.3 Nov 1914 W. H. H. H. H. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 27, 1914
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 15, 1914, to Nov 27, 1914, that I last saw him alive on Nov 21, 1914, and that death occurred on the date stated above at 3:00 p.m. The CAUSE OF DEATH* was as follows:

9 of Phoid Fever

(Duration) yrs. mos. ds.
Contributory 9 of Phoid Fever

(Signed) U. Councils, M. D.
Nov 13, 191... (Address) Greenville

*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?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Reynolds Graveyard DATE OF BURIAL Nov 23, 1914

20 UNDERTAKER James E George ADDRESS Greenville Ky

AK--THIS IS A PERMANENT RECORD supplied. AGE should be stated EXACTLY. PHYSICIANS at it may be properly classified. Exact statement of sex, lack of certificate.

FOR ENDING