

MARGIN RESERVED FOR BINDING

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

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

1 PLACE OF DEATH
County Hopkins

Vol. No. NO-----5 Registration Dist No 531. File No. 18118

Inc. Town Earlington. Primary Reg Dist No 2266. Registered No. 64

City Earlington. (No. St. Ward)
2 FULL NAME Charles J. Martin

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Widowed</u>
6 DATE OF BIRTH <u>Feb 2, 1845</u> (Month) (Day) (Year)		
7 AGE <u>66</u> yrs. <u>5</u> mos. <u>14</u> ds.		8 IF LESS THAN 1 day... hrs. or... min.?
9 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer). <u>Contractor in Carpenter trade</u>		
10 BIRTHPLACE (State or country) <u>Muhlenberg Co Ky</u>		
PARENTS	10 NAME OF FATHER <u>Jefferson Martin</u>	(Duration) yrs. mos. ds.
	11 BIRTHPLACE OF FATHER (State or country) <u>Muhlenberg Co</u>	Contributory <u>Chronic Diarrhea</u> (Secondary)
	12 MAIDEN NAME OF MOTHER <u>Sarah Rodak</u>	(Duration) yrs. mos. ds.
	13 BIRTHPLACE OF MOTHER (State or country) <u>Muhlenberg Co Ky</u>	(Signed) <u>O. B. Johnson, M. D.</u> <u>July 30, 1911</u> (Address) <u>Earlington Ky</u>

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 30, 1911
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1911, to July 30, 1911, that I last saw him alive on July 30, 1911, and that death occurred, on the date stated above, at 4:40 A.M.

The CAUSE OF DEATH* was as follows:
Typhoid

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

(Duration) yrs. mos. ds. 29 ds.

(Signed) O. B. Johnson, M. D.
July 30, 1911 (Address) Earlington Ky

State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL

(1a) LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS ON 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 Earlington Ky DATE OF BURIAL July 30, 1911

20 UNDERTAKER C. H. Morton ADDRESS Madisonville Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) A. H. Moorehead
(Address) Earlington Ky

15 Earlington Ky
Registrar

Filed 7-30-11, 1911.