

PLACE OF DEATH

County... MUSKIEGERS.....Vol. Pat. 45.....Inc. Town... DRAKESBORO..... KY.

City..... (No..... St..... Ward.....)

FULL NAME Charley Martin JrCommonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 872Primary Registration District No. 7125File No. 16491Registered No. 312

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

PERSONAL AND STATISTICAL PARTICULARS

SEX FEMALE COLOR OR RACE WHITE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) SINGLEDATE OF BIRTH JUNE 12, 1914
(Month) (Day) (Year)AGE yrs. mos. ds. IF LESS than 1 day, 4 hrs. or .. min.?OCCUPATION (a) Trade, profession, or particular kind of work... AT HOME
(b) General nature of industry, business or establishment in which employed (or employer)BIRTHPLACE (State or country) DRAKESBORO KYNAME OF FATHER CHARLEY MARTINBIRTHPLACE OF FATHER (State or country): CROFTON KYMAIDEN NAME OF MOTHER SALLIE BIVINSBIRTHPLACE OF MOTHER (State or country) DEER LICK KYTHE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) CHARLEY MARTIN(Address) DRAKESBORO KYFiled June 14, 1914 J. Kimmel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH JUNE 12, 1914
(Month) (Day) (Year)I HEREBY CERTIFY, That I attended deceased from JUNE 12, 1914 to JUNE 12, 1914, that I last saw h. OK alive on JUNE 12, 1914, and that death occurred on the date stated above at 11:25 P.M. CAUSE OF DEATH was as follows:PREMATURE BIRTH (Eighth month)

Contributory (SECONDARY)

(Duration) yrs. mos. ds.(Signed) A. D. Kimmel, M. D.JUNE 13, 1914 (Address) DRAKESBORO KY

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

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

PLACE OF BURIAL OR REMOVAL X DATE OF BURIAL June 17, 1914UNDERTAKER None ADDRESS

WRITE PLAINLY, WITH SPACES UNLESS THIS IS A PRESENTLY KNOWN NAME. Every item of information should be carefully checked. All names should be given in full, and the cause of death stated in plain terms, so that it may be readily understood. This is very important. See instructions on back of certificate.