

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

1 PLACE OF DEATH

County Muhlenberg

Vol. No. 1012

Inc. Town.....

City.....

Registration District No. 871

Primary Registration District No. 1073

(No. 1073 St. 1073 Ward)

File No. 24920

Registered No.

(If death occurred in a hospital or institution give the street number of street and number.)

2 FULL NAME Allen H. Martin

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Sept 8, 1847
(Month) (Day) (Year)

7 AGE 69 yrs. 5 mos. 5 ds. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Muhlenberg Co Ky

10 NAME OF FATHER Linsay Duwall

11 BIRTHPLACE OF FATHER (State or country) not known

12 MAIDEN NAME OF MOTHER Julia Richardson

13 BIRTHPLACE OF MOTHER (State or country) not known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Elmer Stobough

(Address) Logansport Ky

15 Filed 9/14, 1916 C. D. Markel

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 13, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 13, 1916, to Sept 13, 1916, that I last saw him alive on Sept 13, 1916, and that death occurred on the date stated above at 1:30 p.m. The CAUSE OF DEATH* was as follows:

Caecum of bowels
.....
..... (Duration) 2 yrs. mos. ds.

Contributory 2 months and 10 days (SECONDARY) (Duration) yrs. mos. ds.

(Signed) Henry J. Blanton, M. D. Sept 14, 1916 (Address) Greenville 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. 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 Mt Nbs B G DATE OF BURIAL Sept 14, 1916

20 UNDERTAKER McDonald & Sewell ADDRESS Greenville Ky

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD
 B. B.--Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.