

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY  
Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

File No. \_\_\_\_\_  
Registered No. 97

1. PLACE OF DEATH  
County Muhlenberg  
Vot. Pct. \_\_\_\_\_  
Inc. Town \_\_\_\_\_  
City \_\_\_\_\_

Registration District No. 1093  
Primary Registration District No. 2436  
(No. Muhlenberg, Alms House Ward)  
If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Henry M. Martin IF VETERAN, WHAT WAR? \_\_\_\_\_  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed or Divorced (write the word) \_\_\_\_\_  
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH Unknown  
7. AGE Years 71 Months \_\_\_\_\_ Days \_\_\_\_\_ If LESS than 1 day ..... hrs. or ..... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE Ky.

FATHER 13. NAME David Martin  
14. BIRTHPLACE Va.

MOTHER 15. MAIDEN NAME Emah Latham  
16. BIRTHPLACE Ky.

17. INFORMANT Ruthie Sumner  
(Address) Browder Ky.

18. BURIAL, CREMATION, OR REMOVAL  
Date Jan 2 1937

19. UNDERTAKER Greenwell Funeral Home  
(Address) Greenwell Ky.

20. FILED 11-2 1937 R.P. Coulter  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Jan 2 1937  
22. I HEREBY CERTIFY, That I attended deceased from Jan 1936 to Nov 2 1937  
I last saw him alive on Nov 1 1937, death is said to have occurred on the date stated above, at 1:30 a.m.  
The principal cause of death and related causes of importance in order of onset were as follows:

Cancer Rectum Date of onset \_\_\_\_\_  
46  
Contributory causes of importance not related to principal cause: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ date of injury \_\_\_\_\_ 10 \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_  
(Signed) J. C. Woodburn M. D.  
(Address) Greenwell Ky.

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