Form V. S. 1—12m—6-19-19

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 18742

Registered No.

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

1 PLACE OF DEATH
County Jefferson Vol. Pct. Court House Precinct No. 2 Registration District No. 193
Ins. Town Louisville Primary Registration District No. 6136
City (No. St. Ward)

2 FULL NAME Lucas Martin

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Male | 4 COLOR OR RACE: Col | 5 Single, Married, Widowed or Divorced (Write the word): Widower

6 DATE OF BIRTH: (Month) (Day) (Year)

7 AGE: 86 yrs. mos. ds. | If LESS than 1 day hrs. or min?

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

9 BIRTHPLACE (State or country): Jefferson

PARENTS

10 NAME OF FATHER: Don Martin
11 BIRTHPLACE OF FATHER (State or country): Jefferson
12 MAIDEN NAME OF MOTHER: Lucy Martin
13 BIRTHPLACE OF MOTHER (State or country): Jefferson

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant): Lucas Martin
(Address): Louisville Ky

Filed 8/21/23 19[illegible] [illegible] Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: July 27, 1923 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 23, 1923, to July 27, 1923, that I last saw him alive on July 27, 1923, and that death occurred on the date stated above at 9 a.m.

The CAUSE OF DEATH* was as follows:

Old age

(Duration) yrs. mos. ds.

Contributory (Secondary): Useless

(Duration) yrs. mos. ds.

(Signed) [illegible] M. D.
July 28, 1923 (Address) [illegible]

*State the Disease Causing Death, or, if 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: Cave Hill | DATE OF BURIAL: July 29, 1923

20 UNDERTAKER: [illegible] | ADDRESS: Louisville Ky

12—6[illegible]

WRITE PLAINLY with unfading ink—This is a PERMANENT RECORD

If a Child under 1 year of age, state AGE in hours or days. If under 1 day, state in minutes. Be EXACTLY. PHYSICIANS should give CAUSE of DEATH in plain terms so that it may be properly classified. Be EXACT in statement of OCCUPATION of persons engaged in gainful pursuits.