

Form V. B. 1-A

DEPARTMENT OF COMMERCE  
Bureau of the Census

## COMMONWEALTH OF KENTUCKY

Department of Health  
BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

State File No. 12198Registrar's No. 1236Registration District No. 1085 Primary Registration District No. 2436

## 1. PLACE OF DEATH:

(a) County Muhlenberg  
(b) City or town Greenville  
(If outside city or town limits, write RURAL)  
(c) Name of hospital or institution:

(If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or community 17  
(years, months or days)

## 2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County Muhlenberg  
(c) City or town Greenville  
(If outside city or town limits, write RURAL)  
(d) Street No. 222 Hopkinsville St.  
(If rural give precinct)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years3(a) FULL NAME Maggie Bright Martin

3(b) If veteran, \_\_\_\_\_

3(c) Social Security \_\_\_\_\_

Name war \_\_\_\_\_

No. \_\_\_\_\_

4. Sex Female 5. Color or race Negro 6(a) Single, widowed, married, divorced Widowed6(b) Name of husband or wife Arthur Martin

6(c) Age of husband or wife if alive \_\_\_\_\_ Years

7. Birth date of deceased June 30 1874  
(Month) (Day) (Year)8. AGE: Years 69 Months 11 Days 9 If less than one day hr. \_\_\_\_\_ min.9. Birthplace Tennessee10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

FATHER { 12. Name James DeMoss13. Birthplace TennesseeMOTHER { 14. Maiden name Sarah Bright15. Birthplace Tennessee16(a) Informant's own signature Sarah Bard(b) Address 222 Hopkinsville Ky

17. BURIAL, CREMATION, OR REMOVAL

Place Reynolds Cemetery Date May 11, 1943  
Muhl, Co. Ky.18(a) Signature of funeral director Ernest P. Elliott(b) Address Greenville, Ky.19(a) 5-24-43  
(Date received by local registrar)(b) Jane R. Lovell  
(Registrar's signature)

## MEDICAL CERTIFICATION

20. DATE OF DEATH May 9 194321. I hereby certify that I attended the deceased from \_\_\_\_\_ 19\_\_\_\_  
to May 7 1943 that I last saw him alive on  
May 7 1943 and that death occurred on the date  
stated above \_\_\_\_\_ M.

Immediate cause of death \_\_\_\_\_

DURATION

Pneumonia2 yrs

Due to

Stroke of Paralysis  
30 yrs ago.34 yr

Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

300 830 - 102

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(Specify type of place)

While at work? \_\_\_\_\_

(a) Means of injury \_\_\_\_\_

23. Signature E. L. Galt

(M. D. or other)

Address Greenville Ky Date signed 5-20-43

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH NON-FADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.