

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

10000

PLACE OF DEATH

County Chapman

Vol. Fol. 1000 114

Inc. Town 114

City (No. St. Ward)

File No.

Registered No. 12

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

FULL NAME Margaret Elizabeth Martin

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX Female COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

10 DATE OF DEATH April 22, 1912
(Month) (Day) (Year)

11 DATE OF BIRTH Feb. 16, 1846
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from April 11, 1912, to April 22, 1912 that I last saw her alive on April 22, 1912 and that death occurred, on the date stated above, at 11 P.M.

7 AGE 66 yrs. 2 mos. 6 ds. If LESS than 1 day hrs. or min.?

The CAUSE OF DEATH* was as follows:
Angina Pectoris and Nervous Prostration

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

Contributory Hard work (Duration) yrs. 1 mos. ds.

9 BIRTHPLACE (State or country) Muhlenberg Co

(Signed) L. E. O'Day M.D. (Address) Martins Gap Ky
Apr. 23, 1912

10 NAME OF FATHER Eliza Smith

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

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg Co Ky

12 MAIDEN NAME OF MOTHER Nancy Weir

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co Ky

(15) 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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) L. E. Martins (Address) Martins Gap

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Apr. 3, 1912

15 Filed 4/26, 1912 Registrar L. E. Martins

20 UNDERTAKER L. E. O'Day ADDRESS Martins Gap Ky

M. D.—Every item of information should be carefully supplied. AGE should be stated in full. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact amount of age important. See instructions on back of certificate.