

1. PLACE OF DEATH

County Muhlenberg

Vot. Pct. _____

Inc. Town _____

City Greenville, Ky.Registration District No. 1085Primary Registration District No. 2436(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Margery D. Martin(a) Residence, No. Rhodes Chapel, Greenville, Ky. ward _____

(Usual place of abode)

Length of residence in city or town where death occurred yrs. 8 mos. 10 ds. How long in U.S. since birth? yrs. _____ mos. _____ ds. _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Negro 5. Single, Married, Widowed or Divorced (write the word) Baby

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH June 9, 19387. AGE Years _____ Months 8 Days 10 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 Greenville, Ky.13. NAME Herbert Martin14. BIRTHPLACE Greenville, Ky.15. MAIDEN NAME Beatrice Tutt16. BIRTHPLACE Greenville, Ky.17. INFORMANT Hephesh Marshall
(Address) Greenville, Ky.18. BURIAL, CREMATION, OR REMOVAL
Place Reynolds Cemetery Date Feb. 20, 193919. UNDERTAKER Cooper & Edwards
(Address) Greenville, Ky.20. FILED 3-10-39 James Carter
Registrar.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. _____

Registered No. 47

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb. 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw her alive on Dec. 1938, death is said to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance in order of onset were as follows:Mal. Nutritum

Date of onset _____

Contributory causes of importance not related to principal cause

Mother had Typhoid while carrying child

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 _____ 19____
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) E. S. Gates, M. D.(Address) Greenville, Ky.

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH LEADING INK—This IS A PERMANENT RECORD. Every item of information should be carefully supplied. PHYSICIANS 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. See instructions on back of certificate.