

DEPARTMENT OF COMMERCE
Bureau of the Census

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

State File No. **10876**
Registrar's No. **127**Registration District No. **1085** Primary Registration District No. **7471**

1. PLACE OF DEATH:

(a) County **Muhlenberg**
(b) City or town **Bush Creek 152**
(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 _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kentucky** (b) County **Muhlenberg**
(c) City or town **Dubmar**
(If outside city or town limits, write RURAL)(d) Street No. _____
(If rural give precinct)

(e) If foreign born, how long in U. S. A.? _____ year

3(a) FULL NAME **Oaker Martin**

3(b) If veteran, _____

3(c) Social Security _____

Name war _____ No. _____

4. Sex **M** 5. Color or race **W** 6(a) Single, widowed, married, divorced _____6(b) Name of husband or wife **Anna Elizabeth**6(c) Age of husband or wife if alive **24** Years7. Birth date of deceased **June 1 1915**
(Month) (Day) (Year)8. AGE: Years **32** Months **11** Days **6** If less than one day hr. _____ min. _____9. Birthplace **Todd Co Kentucky**10. Usual occupation **Coal Miner**

11. Industry or business _____

FATHER { 12. Name **Frank Martin**13. Birthplace **Kentucky**MOTHER { 14. Maiden name **Lee Bager**15. Birthplace **Kentucky**16(a) Informant's own signature **Mrs. Oaker Martin**(b) Address **Dubmar, Ky.**

17. BURIAL, CREMATION, OR REMOVAL

Place **Dubmar Cem** Date **5-9 1948**18(a) Signature of funeral director **Parker Perkins Washburne**(b) Address **Bush Creek 152**19(a) **5-14-48** (Date received by local registrar) (b) **Marjorie Hodge** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH **May 7 1948**21. I hereby certify that I attended the deceased from _____ 19 _____
to _____ 19 _____, that I last saw him alive o

_____ 19 _____, and that death occurred on the dat

stated above at **9:30 PM**
Immediate cause of death **Asphyxiation** DURATION _____Due to **lung covered with falling slate in Bush Creek Coal Co mine, Bush Creek, Ky.**
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:

Of operative: **1744**

Of autopsy _____

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

(a) Accident, suicide, or homicide (specify) **accident**(b) Date of occurrence **May 7, 1948**(c) Where did injury occur? in or about home, on farm, in industrial place, in public place? **Bush Creek Co mine**
(Specify type of place)While at work? **Yes** (a) Means of injury _____23. Signature **Harward F Perkins**Address **Gumville, Ky.**

portant. in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very im-

5318
6-28-48

1948