

1 PLACE OF DEATH

County Muhlenberg
 Vet. Post. _____
 Inc. Town _____
 City Greenville

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

Registration District No. 1099
 Primary Registration District No. 2496
 (No. Cherry Street St., _____ Ward)

File No. 13095
 Registered No. _____

2 FULL NAME Richard Thompson Martin,

(a) Residence. No. _____ St., _____ Ward. _____

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Married
 Married
 Widowed
 or Divorced
 (Write the word)

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

6 DATE OF BIRTH February 27, 1841
 (Month) (Day) (Year)

7 AGE 88 yrs. 1 mos. 17 ds. IF LESS than 1
 day _____ hrs.
 or _____ min?

8 OCCUPATION OF DECEASED

(a) Trade, profession or Retired Tobaccoonist
 particular kind of work.
 (b) General nature of industry,
 business or establishment in
 which employed (or employer) _____

9 BIRTHPLACE (city or town)
 (State or country) Muhlenberg County

PARENTS
 10 NAME OF FATHER Thos. L. Martin
 11 BIRTHPLACE OF FATHER (city or town)
 (State or country) Muhlenberg County, Ky.
 12 MAIDEN NAME OF MOTHER Mahala Bell,
 13 BIRTHPLACE OF MOTHER (city or town)
 (State or country) Muhlenberg County, Ky.

14 (Informant) Buren Martin
 (Address) Greenville, Kentucky

15 Filed 4/15/29, 19____ Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 14, 1929, 19____
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased
 from Apr 7, 1929, to Apr 14, 1929
 that I last saw him alive on Apr 14, 1929
 and that death occurred on the date stated above at 2.30 m.
 The CAUSE OF DEATH* was as follows:

Apoplexy

(Duration) _____ yrs. _____ mos. 7 ds.

Contributory (Secondary) _____

(Duration) _____ yrs. _____ mos. _____ ds.

18 IS WHERE WAS DISEASE CONTRACTED

If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) L.P. Moore, M. D.

_____, 19____ (Address) Greenville Ky.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Evergreen Cemetery DATE OF BURIAL April 15, 1929
Greenville, Kentucky
 20 UNDERTAKER Orion L. Roark ADDRESS Greenville, Ky.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms. that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

ALWAYS OBSERVED FOR FADING