

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **4610**

Registration District No. 1082 Primary Registration District No. 2436

1. PLACE OF DEATH:

(a) County Muhk
(b) City or town Greenville R.D. 9
(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 Mo (b) County Muhlenberg
(c) City or town Greenville R.D. 9
(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.? _____ years

3(a) FULL NAME

Proy Edward Martin

3(b) If veteran, _____

3(c) Social Security

Name war _____

No. _____

4. Sex M. 5. Color or race Col. 6(a) Single, widowed, married, divorced Single

6(b) Name of husband or wife _____

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

7. Birth date of deceased Feb 6 1942
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days 17 If less than one day _____ hr. _____ min.

9. Birthplace Muhlenberg

10. Usual occupation _____

11. Industry or business _____

FATHER 12. Name Herbert Martin

13. Birthplace Muhlenberg Co

MOTHER 14. Maiden name Beatrice Tull

15. Birthplace Muhlenberg Co

16(a) Informant's own signature Herbert Martin

(b) Address Greenville 14 R.D. 9

17. BURIAL, CREMATION, OR REGIONAL

Place Proades Chapel Date 2-23-42

18(a) Signature of funeral director Fredrick J. J. Home

(b) Address Central City Ky

19(a) 2-23-1942 (Date received by local registrar) (b) A. L. Standford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Feb 23 1942

21. I hereby certify that I attended the deceased from Feb 6 1942 to Feb 6 1942, that I last saw him alive on Feb 6 1942 and that death occurred on the date stated above at 12:30 am

Immediate cause of death wooping cough

DURATION

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations _____

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? _____ (e) Means of injury _____

23. Signature E. D. Gater (M. D. or other)

Address Greenville 14 Date signed 2-23-42

N. B.—WRITE PLAINLY WITH INK—THIS IS A PERMANENT RECORD. Every item of information 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.

MARGIN RESERVED FOR BINDING