

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

1 PLACE OF DEATH

County Murderburg
 Vet. Pot. Ernie Key Registration District No. 7/27
 Ino. Town Primary Registration District No. 7
 City (No. St., Ward)

File No.
 Registered 2127214

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

2 FULL NAME Sarah Martin

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

6 DATE OF BIRTH 1
 (Month) (Day) (Year)

7 AGE 82 yrs. mos. ds. IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Todd Co. Ky

10 NAME OF FATHER Jin Latham

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER I Grumley

13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) J. P. Martin
 (Address) Ernie Key

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 30, 1918
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 10, 1918, to Aug 30, 1918, that I last saw him alive on Aug 10, 1918, and that death occurred on the date stated above at 8 p.m. The CAUSE OF DEATH* was as follows:

Paralysis

(Duration) yrs. mos. 3 ds.
 Contributory (SECONDARY) Valvular Heart Disease

(Signed) H. D. Newman, M. D.
Sept 2, 1918 (Address) Drakesboro

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

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)
 At place of death yrs. mos. ds. State yrs. mos. ds.

Where was disease contracted, if not at place of death?
 Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Smiths graveyard DATE OF BURIAL Sept 31, 1918

20 UNDERTAKER Messner & Co., Rochester Ky.

15 Filed Sept 14, 1918 H. J. Fleming
 REGISTRAR

MARGIN RESERVED FOR ENDORS

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN 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.