

31401

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. _____

Registered No. 202

1. PLACE OF DEATH

County Muhlenberg

Vot. Pat. _____

Inc. Town _____

City Greenville, Ky.

Registration District No. 1085

Primary 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 Skiler Martin

(1) Residence, No. Greenville, Ky. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Negro 5. Single, Married, Widowed or Divorced (with the word) Married

21. DATE OF DEATH Dec 27, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 27, 1938 to Dec 27, 1938

6. DATE OF BIRTH June 18, 1889

I last saw him alive on Dec 27, 1938, death is said to have occurred on the date stated above, at 2 P. M.
The principal cause of death and related causes of importance in order of onset were as follows:

7. AGE Years 49 Months 6 Days 7 If LESS than 1 day.....hrs. or.....min.

Syphilis (Syphilis) Date of onset _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. N.P.A.

Contributory causes of importance not related to principal cause: _____

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

Convulsion

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 3475

12. BIRTHPLACE Greenville, Ky.

FATHER 13. NAME Lucian Martin

14. BIRTHPLACE Greenville, Ky.

MOTHER 15. MAIDEN NAME Bell, Welch

16. BIRTHPLACE Dont, Ky

17. INFORMANT Nattie Martin

(Address) Greenville Kentucky

18. BURIAL PLACE Reynolds Cemetery

Place Greenville, Ky. Date Dec 28, 1938

19. UNDERTAKER Eugene S. Elliott

(Address) Greenville, Ky.

20. FILED Dec. 28, 1938 James Cates Registrar.

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) J. C. Woodburn M. D.

(Address) Greenville Ky

N. B. WRITE PLAINLY, WITHOUT UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information 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.

O.C. 1-31-39
P.C. 2-24-39