

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

1 PLACE OF DEATH

County Hopkins
Vol. Countdown Registration District No. 530
Inc. Town Madisonville Primary Registration District No. 2265
City (No. St. Ward)

File No. 29427
Registered No. 122
(If death occurred in a hospital or institution, give its name instead of street and number.)

2 FULL NAME E. Lorraine Martin

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Jan 1, 1840
(Month) (Day) (Year)

7 AGE 73 yrs. 1 mo. 26 ds. IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work Carriage-maker
(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Ky

10 NAME OF FATHER Jefferson Martin

11 BIRTHPLACE OF FATHER (State or country) Ky

12 MAIDEN NAME OF MOTHER Sarah Cook

13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Mr. Sam Garard
(Address) Madisonville, Ky

15 Nov 27, 1913 Robert S. ...
REG-1244

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 11-27-1913
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 15, 1913, to Nov 27, 1913, that I last saw him alive on Nov 10, 1913, and that death occurred on the date stated above at 7:30 m. The CAUSE OF DEATH* was as follows:

Coronary Atherosclerosis

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

Contributory Do not know condition
(SECONDARY)

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

(Signed) R. H. D. ..., M. D.

11-27-1913 (Address) Madisonville

*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 Odd Fellows DATE OF BURIAL Nov 27, 1913

20 UNDERTAKER GA Minton ADDRESS Madisonville

NAME RESERVED FOR INDEX

NOTE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Give full name of informant (do not abbreviate). Add address of informant (do not abbreviate). State exactly, in plain language, the cause of death. State terms, so that it may be properly understood. Exact statement of occupation is very important. See instructions on back of certificate.