

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

1 PLACE OF DEATH
County Mullenburg
Vol. No. 15-1000
Ino. Town Cremville Ky
City Cremville Ky
2 FULL NAME Lora Martin

Registration District No. 1871
Primary Registration District No. 7137

File No. 3301
Registered No. 3301
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>male</u>	4 COLOR OR RACE <u>col.</u>	5 SINGLE, MARRIED, WIDDED, OR DIVORCED (Write the word) <u>Married</u>
6 DATE OF BIRTH <u>nov 16 1880</u> (Month) (Day) (Year)		
7 AGE <u>27</u> yrs. <u>4</u> mos.		IF LESS THAN 1 day... hrs. or... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry business or establishment in which employed (or employer) <u>Running</u>		
9 BIRTHPLACE (State or country) <u>Mullenburg</u>		
PARENTS	10 NAME OF FATHER <u>Robert Martin</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Mullenburg</u>	
	12 MAIDEN NAME OF MOTHER <u>Mindy Jones</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Mullenburg</u>	

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
Nov 19 1917
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 19 1917 to Nov 19 1917, that I last saw him alive on Nov 14 1917 and that death occurred on the date stated above at 9 a.m. The CAUSE OF DEATH was as follows:
supposed to be Angina pectoris as he fell dead at once or suddenly (Duration) — yrs. — mos. — ds.

Contributory (SECONDARY) — (Duration) — yrs. — mos. — ds.

(Signed) F. E. Grace
Nov. 20, 1917. (Address) Halop...

*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. In the State — yrs. — mos. — ds.
Where was disease contracted, if not at place of death? —

Former or usual residence —

19 PLACE OF BURIAL OR REMOVAL / DATE OF BURIAL
West End-Cremville Nov. 20, 1917

20 UNDERTAKER / ADDRESS
Geo. E. George Cremville Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Robert Martin
(Address) Cremville Ky

15 Filed Nov 20 1917 L. B. Wickoff REGISTRAR

WRITE PLAINLY WITH UNFADING INK. THIS IS A PRELIMINARY REPORT. N. B.—Every item of information should be carefully supplied. AGE 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. See instructions on back of certificate.