

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

1 PLACE OF DEATH

County Mullensburg

Vol. No. West Register Registrar District No. 47

Inc. Town Greenville Ky Primary Registration District No. 712

City Greenville Ky St., Ward

2 FULL NAME Thomas Martin

File No. 31594

Registered No.

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

DELAY

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE wh. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Child
(Write the word)

6 DATE OF BIRTH Oct. 30, 1916
(Month) (Day) (Year)

7 AGE 0 yrs. 1 mos. 0 ds. 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) Child

9 BIRTHPLACE (State or country) Mullensburg

10 NAME OF FATHER Tom. Martin

11 BIRTHPLACE OF FATHER (State or country) Mullensburg

12 MAIDEN NAME OF MOTHER Birtha Robinson

13 BIRTHPLACE OF MOTHER (State or country) Mullensburg

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Tom. Martin
x (Address) Greenville Ky

15 Filed 1/7/17, 1916 L.B. Wisniewski
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 30, 1916
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 28, 1916, to Nov 30, 1916, that I last saw him alive on Nov 29, 1916, and that death occurred on the date stated above at 4:30 a.m. The CAUSE OF DEATH* was as follows:

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

(Signed) A. Campbell, M.D.
10214, 1916. (Address) Greenville Ky

*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 residence

19 PLACE OF BURIAL OR REMOVAL Reynold. Grav. rd. DATE OF BURIAL Dec 1, 1916

20 UNDERTAKER Geo. E. George ADDRESS Greenville Ky

MARGIN RESERVED FOR INDEXING

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

No. 5.—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.