

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS

13201

File No. _____

Registered No. 43

1. PLACE OF DEATH

Muhlenberg

County _____

Vot. Pct. East Court HouseRegistration District No. 1093Ino. Town GreenvillePrimary Registration District No. 6831City Greenville

(No. _____ St., _____ Ward)

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

2. FULL NAME William Alexander Martin(a) Residence. No. 301 East Cross 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

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Widowed5a. If married, widowed, or divorced
HUSBAND of Widowed
(or) WIFE of _____6. DATE OF BIRTH October 30, 18487. AGE 86 Years 6 Months 28 Days If LESS than 1 day hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Tobaccoist
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation 50 years12. BIRTHPLACE Muhlenberg County13. NAME Charles Campbell Martin14. BIRTHPLACE Muhlenberg County15. MAIDEN NAME Nancy Y. Reynolds16. BIRTHPLACE Muhlenberg County17. INFORMANT W. O. Johnson
(Address) Greenville, Kentucky18. BURIAL, CREMATION, OR OTHER PLACE Greenville, Ky.
Place _____ Date May 29, 193519. UNDERTAKER W. O. Johnson
(Address) Greenville, Kentucky20. FILED June 1, 1935 W. O. Johnson
Register _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 28, 1935, 193522. I HEREBY CERTIFY, That I attended deceased from May 18, 1935 to May 28, 1935
I last saw him alive on May 27, 1935 death is said to have occurred on the date stated above, at 10 A. M.
The principal cause of death and related causes of importance in order of onset were as follows:
InfarctionDate of onset
5/17/35Contributory causes of importance not related to principal cause:

_____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? Yes If so, specify _____(Signed) W. O. Johnson M. D.
(Address) Greenville, Ky.

N. B. WRITE PLAINLY, UNFADING INK—THIS IS A PERMANENT RECORD. 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.