

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

3094

PLACE OF DEATH

County MartinVot. Prec. Georges

Inc. Town

City

Registration District No. 7140

Primary Registration District No.

(No. St. Ward)

File No. 13Registered No. 13
 (If death occurred in a
 hospital or institution,
 give its name instead of
 street and number.)

 FULL NAME Jessie Washie Matthews

PERSONAL AND STATISTICAL PARTICULARS

 1 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single
 (Write the word)

 6 DATE OF BIRTH March 26, 1917
 (Month) (Day) (Year)

 7 AGE 22 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)

 9 BIRTHPLACE (State or country) Ky.

 10 NAME OF FATHER John Washie

 11 BIRTHPLACE OF FATHER (State or country) Ky.

 12 MAIDEN NAME OF MOTHER Lee Baudand

 13 BIRTHPLACE OF MOTHER (State or country) Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

 (Informant) John Malley

 (Address) Yoshaw

 15 Filed 3/29, 1917 J. C. Keener

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

 16 DATE OF DEATH March 29, 1917
 (Month) (Day) (Year)

 17 I HEREBY CERTIFY, That I attended deceased from date of birth, 191..., to March 29, 1917..., that I last saw him alive on March 26, 1917..., and that death occurred on the date stated above at 4:30 p.m.. The CAUSE OF DEATH* was as follows: Substantial Obstruction

 (Duration).... yrs.... mos. 4.. ds.

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

 (Signed) J. H. Harrison, M. D.

 (Address) Yoshaw

*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 REGENT 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 Yoshaw

 DATE OF BURIAL 3/29, 1917

 20 BURIAL TAKEN Ch. Croft

 ADDRESS Yoshaw 15

WRITE PLAINLY WITH INK—THIS IS A PRECISELY

A. No. duty means of information should be correctly reported. All deaths should be reported to the Bureau of Vital Statistics, State Department of Health, Louisville, Kentucky, as soon as possible, and in any case, not later than 10 days after the death. B. The cause of death should be stated in plain, simple terms, so that it may be properly classified. C. The cause of death should be stated in plain, simple terms, so that it may be properly classified. D. The cause of death should be stated in plain, simple terms, so that it may be properly classified. E. The cause of death should be stated in plain, simple terms, so that it may be properly classified.