

COMMONWEALTH OF KENTUCKY

23331

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Muhlenberg
City Central City
Registration District No. 087
Primary Registration District No. 2435
File No. _____
Registered No. 71

2 FULL NAME Mary Ann Roe
(a) Residence. No. _____ 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. Now long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single Married
Married
Widowed
or Divorced
(Write the word)

5a If married, widowed, or divorced
HUSBAND of Wm B. Roe
(or) WIFE of _____

6 DATE OF BIRTH Jan 17 1830
(Month) (Day) (Year)

7 AGE 80 yrs. 8 mos. 29 ds. IF LESS than 1 day _____ hrs. or _____ min?

8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife
(b) General nature of industry, business or establishment in which employed (or employer) _____

9 BIRTHPLACE (city or town) (State or country) Ky.

PARENTS

10 NAME OF FATHER John Bender

11 BIRTHPLACE OF FATHER (city or town) (State or country) Germany

12 MAIDEN NAME OF MOTHER Ann Vickers

13 BIRTHPLACE OF MOTHER (city or town) (State or country) Ky.

14 (Informant) Mary Ann Roe
(Address) Central City, Ky.

15 Filed 9/16, 1930 A. L. Blauslar
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 15 1930
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 9-8, 1930, to 9-15, 1930, that I last saw her alive on 9-11, 1930, and that death occurred on the date stated above at 5 P.M. The CAUSE OF DEATH* was as follows:
Apoplexy

Contributory (Secondary) Senility (Duration) _____ yrs. _____ mos. 4 ds.
(Duration) 30 yrs. _____ mos. _____ ds.

18 WHERE WAS DISEASE CONTRACTED

If not at place of death? _____
Did an operation precede death? _____ Date of _____
Was there an autopsy? _____
What test confirmed diagnosis? _____

(Signed) John P. Walton M. D.
Sept 16 1930 (Address) Central City, Ky.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Calhoun DATE OF BURIAL 9-17 1930
20 UNDERTAKER Arthur L. Mosley ADDRESS Central City, Ky.

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

M. 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.

MARRIAGE REGISTERED FOR RECORD