

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

1 PLACE OF BIRTH

County

Martin

Vet. Pot.

Commercial

District No.

7134

Ino. Town

Primary Registration District No.

City

(No.)

St.

Ward

3 FULL NAME

Mattie Noel

File No.

4456

Registered No.

9

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

DELAY

PERSONAL AND STATISTICAL PARTICULARS

3 SEX

4 COLOR OR RACE

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)

Female

White

Widow

6 DATE OF BIRTH

12 29 1849
(Month) (Day) (Year)

7 AGE

66 yrs. *3* mos. *28* ds.

IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION

(a) Trade, profession, or particular kind of work. *Housework*
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country)

Tennessee

10 NAME OF FATHER

Moses Regan

11 BIRTHPLACE OF FATHER (State or country)

Virginia

12 MAIDEN NAME OF MOTHER

Rachel Burnine

13 BIRTHPLACE OF MOTHER (State or country)

Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

Dal Roark

(Address) *Greenville, Tenn.*

15

Filed

4/27/15 *L. A. Stewart*

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

4 27 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased

from *4/16/15*, 1915, to *4/27/15*, 1915, that I last saw her alive on *4/25/15*, 1915, and that death occurred on the date stated above at *3:30 P.M.* The CAUSE OF DEATH* was as follows:

Carcinoma of right breast
15 (Duration) *6* yrs. *6* mos. *0* ds.

Contributory (SECONDARY)

(Signed) *D. J. S. [Signature]*, M. D.

4/27/15 (Address) *Greenville, Tenn.*

*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

Antisch

DATE OF BURIAL

4-28, 1915

20 UMBERTAKER

Shannon Moore

ADDRESS

Depoy, Ky

Be sure to be carefully supplied. Ask should be made of DEATH. In terms, so that it may be properly completed is very important. See instructions on back of certificate.