

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 388

Registration District No. 1085 Primary Registration District No. 2436

1. PLACE OF DEATH:
(a) County Muhlenberg
(b) City or town _____
(c) Name of hospital or institution: _____
(If not in hospital or institution write street number or location)
(d) Length of stay: In hospital or community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kentucky (b) County Muhlenberg
(c) City or town Barren
(If outside city or town limits, write RURAL)
(d) Street No. _____
(If rural give precinct)
(e) If foreign born, how long in U. S. A. _____ years

3(a) FULL NAME Miss Mattie Boark

3(b) If veteran, Name war _____ No. _____
3(c) Social Security _____

4. Sex Female 5. Color or race w 6(a) Single, widowed, married, divorced single

6(b) Name of husband or wife _____

6(c) Age of husband or wife if alive _____ Years

7. Birth date of deceased Feb 23 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months _____ Days _____
If less than one day hr. _____ min. _____

9. Birthplace Muhlenberg

10. Usual occupation None

11. Industry or business _____

12. Name Limear Boark

13. Birthplace Dart Cross

14. Maiden name Cynthia Ann Martin

15. Birthplace Muhlenberg

16(a) Informant's own signature Mrs. H. P. ...

(b) Address 29 1/2 N. Main, Henderson Ky

17. BURIAL, CREMATION, OR REMOVAL

Place Evergreen Date Dec 26, 1941

18(a) Signature of funeral director Parker & Barry

(b) Address Millville 147

19(a) 1-2-42 (Date received by local registrar) (b) Jane R. Sewell (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec 25 1941

21. I hereby certify that I attended the deceased from 1-15 1940
to _____ 19____, that I last saw h alive on
Dec 23 1941 and that death occurred on the date
stated above at 1 A. M.

Immediate cause of death _____
Due to Arteriosclerosis
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? In or about home, on farm, in industrial place
in public place? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature A. Brockman M.D.
(M. D. or other)
Address Millville Date signed 12-30-41

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH NON-FADING 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.