

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

File No. 1892  
Registered No. 77

PLACE OF DEATH  
County Wheatland  
Vet. Post Beet Creek

Registration District No. 847

Inc. Town..... Primary Registration District No.....

City..... (No..... St., ..... Ward)

2 FULL NAME Catsy Robinson

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

## PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH 3 13, 1946  
(Month) (Day) (Year)

7 AGE 77 yrs. 8 mos. 7 ds. IF LESS than 1 day..... hrs. or..... min?

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

9 BIRTHPLACE (State or country) W Va

PARENTS  
10 NAME OF FATHER A. Lowry  
11 BIRTHPLACE OF FATHER (State or country) N. Carolina  
12 MAIDEN NAME OF MOTHER Martha Green  
13 BIRTHPLACE OF MOTHER (State or country) W Va

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) M. A. Goodall  
(Address) Beet Creek

15 Filed Mar 3, 1977 Cwood Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 3 25, 1972  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 2-22, 1972, to 2-25, 1972, that I last saw her alive on 2-24, 1972, and that death occurred on the date stated above at 12 P.M.

The CAUSE OF DEATH\* was as follows:

Pneumonia  
(Duration) ..... yrs. .... mos. 0 ds

Contributory (Secondary) ..... (Duration) ..... yrs. .... mos. .... d:  
(Signed) P. D. Harvey, M. D.  
2-26, 1972 (Address) Beet Creek

\*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 ..... in the  
of death ..... yrs. .... mos. .... ds. State ..... yrs. .... mos. .... ds.  
Where was disease contracted,  
if not at place of death?

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL Hogzill Green DATE OF BURIAL .....

20 UNDERTAKER P. S. Stewart ADDRESS Beet Creek

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