

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

 1 PLACE OF DEATH
 County Mitchell
 Vol. No. # 3 Registration District No. 170
 Ino. Town Central City Primary Registration District No. 2435
 City Central City (No. St., Ward)
 2 FULL NAME Miss D. Stevens
File No. 36084Registered No. 53
 [If death occurred in a
 hospital or institution,
 give its NAME (instead of
 street and number.)]

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

 3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
 6 DATE OF BIRTH Dec-12-1916
 7 AGE 1 yrs. 10 mos. 29 ds. 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)

 16 DATE OF DEATH Mar. 10th, 1918
 (Month) (Day) (Year)

 17 I HEREBY CERTIFY, That I attended deceased from Mar. 8th, 1918, to Mar. 9th, 1918, that I last saw him alive on Mar. 9th, 1918, and that death occurred on the date stated above at 9:45 a.m. The CAUSE OF DEATH* was as follows:
Complication
resulting from
Diphtheria (Duration) yrs. mos. ds.
 Contributory (SECONDARY) (Duration) yrs. mos. ds.
 (Signed) Leah B. Martin M.D. Mar. 13, 1918 (Address) Central City, Ky

 9 BIRTHPLACE (State or country) Indiana
 10 NAME OF FATHER Edward Stevens
 11 BIRTHPLACE OF FATHER (State or country) Indiana
 12 MAIDEN NAME OF MOTHER Mattie Shultz
 13 BIRTHPLACE OF MOTHER (State or country) Kentucky
 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) E. Stevens
 (Address) Gene Shultz, Ind.

 *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, TRANSCIENTS 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

 15
 Filed 12-1, 1918 O. L. Bradford REGISTRAR

 19 PLACE OF BURIAL OR REMOVAL Central City, Ky DATE OF BURIAL Mar. 10th, 1918
 20 UNDERTAKER Martin Magee ADDRESS Central City Ky

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.