

CERTIFICATE OF DEATH

19192

1 PLACE OF DEATH

County Martin

Vol. No.

Registration District No. 1089

File No.

Ino. Town

Central City

Primary Registration District No. 2435

Registered No. 50

City

(No.)

St.

Ward)

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

2 FULL NAME Abraha Steamer

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX M 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Widder
(Write the word)

16 DATE OF DEATH 7-10-1923
(Month) (Day) (Year)

6 DATE OF BIRTH Jan 11 1883
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 7-8-1923, to 7-10-1923; that I last saw her alive on 7-10-1923; and that death occurred on the date stated above at 6 P.M. The CAUSE OF DEATH* was as follows:
Acute Dysentery

7 AGE 40 yrs. 7 mos. 7 ds. IF LESS than 1 day... hrs. or... min.?

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

(Duration) ... yrs. ... mos. 10 ds.

9 BIRTHPLACE (State or country) NY

Contributory (SECONDARY) Intestinal Indigestion
(Duration) ... yrs. ... mos. 10 ds.

10 NAME OF FATHER Wm. Brown

(Signed) 7-7-23, M. D.

11 BIRTHPLACE OF FATHER (State or country) NY

7-10-1923 (Address) Central City, Ky

12 MAIDEN NAME OF MOTHER Amelia Steamer

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

13 BIRTHPLACE OF MOTHER (State or country) NY

14 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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) S.B. Woffinger

(Address)

15 Filed 7/11/23 A. L. Crawford REGISTRAR

19 PLACE OF BURIAL OR REMOVAL Bethel DATE OF BURIAL July 11, 1923

20 UNDERTAKER Moore Undertakings ADDRESS Central City, Ky

On 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. Best statement of OCCUPATION is very important. Instructions on back of certificate.