

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

1 PLACE OF DEATH

County Mitchell

Vet. Pot. E. Boggs

Ino. Town.....

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

Registration District No. 871

Primary Registration District No. 713

File No. 51111

Registered No. ....

(If death occurred in a hospital or institution, give the street address of the hospital.)

2 FULL NAME Martha A. Williams

**PERSONAL AND STATISTICAL PARTICULARS**

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
(Write the word)

6 DATE OF BIRTH Dec. 28, 1945  
(Month) (Day) (Year)

7 AGE 71 yrs. 1 mos. 5 ds. IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Webster County Ky.

PARENTS  
10 NAME OF FATHER Louis Head  
11 BIRTHPLACE OF FATHER (State or country) Tenn.  
12 MAIDEN NAME OF MOTHER Matilda Murphy  
13 BIRTHPLACE OF MOTHER (State or country) Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) C. Cotton Williams  
(Address) Green Hills

15 Filed 2/11/47 C. Paul Wolfe REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH Feb. 2, 1947  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan. 30, 1947, to Feb. 1, 1947, that I last saw him alive on Feb. 1, 1947, and that death occurred on the date stated above at 7:55 A.M. The CAUSE OF DEATH\* was as follows:  
Chronic Interstitial Nephritis  
Chronic Hypertension of Heart  
followed by acute edema  
several months  
(Duration) ... yrs. ... mos. ... ds.

Contributory (SECONDARY) ..... (Duration) ... yrs. ... mos. ... ds.  
(Signed) James H. Green, M. D.  
2/11/47 (Address) Green Hills

\*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. State ... yrs. ... mos. ... ds.  
Where was disease contracted, if not at place of death? .....  
Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL Funerary Chapel Bldg. DATE OF BURIAL Feb. 4, 1947

20 UNDERTAKER McDonald & DeWitt ADDRESS Green Hills

MARGIN RESERVED FOR INDEXING

WRITE PLAIN WITH UNFADING INK--THIS IS A PERMANENT RECORD  
B. 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. If of occupation of OCCUPATION is very important. See instructions on back of certificate.