

COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 25777

 PLACE OF DEATH
 County *Martin*

 Vol. Pat. *314*

 Registration District No. *7195 1094*

 Registered No. *58*

 Inc. Town *Cleaton*

 Primary Registration District No. *6842*

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

 City (No. St. Ward)
 2 FULL NAME *Mrs. Lavin Adcock*

PERSONAL AND STATISTICAL PARTICULARS

 3 SEX *Female*
 4 COLOR OR RACE *White*
 5 Single *Unwed*
 Married
 Widowed
 or Divorced
 (Write the word)
 6 DATE OF BIRTH *July 21*
 (Month) (Day) (Year)
 7 AGE *64* yrs. *3* mos. *11* ds.
 IF LESS than 1 day hrs. or min?
 8 OCCUPATION
 (a) Trade, profession or particular kind of work *Home work*
 (b) General nature of industry, business or establishment in which employed (or employer)

 9 BIRTHPLACE (State or country) *Kentucky*

 PARENTS
 10 NAME OF FATHER *John Custerberry*
 11 BIRTHPLACE OF FATHER (State or country) *Kentucky*
 12 MAIDEN NAME OF MOTHER *Mamie Holman*
 13 BIRTHPLACE OF MOTHER (State or country) *Kentucky*

 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) *John Adcock*
 (Address) *Cleaton*

 15 Filed *Dec 3, 1924*
J. Warren Registrar

MEDICAL CERTIFICATE OF DEATH

 16 DATE OF DEATH *11* *6* 192*4*
 (Month) (Day) (Year)

 17 I HEREBY CERTIFY, That I attended deceased from *Dec* 192*4*, to *Jan 6* 192*4*, that I last saw him alive on *Jan 6* 192*4*, and that death occurred on the date stated above at *9:22* m.

 THE CAUSE OF DEATH* was as follows:
Emphysema of lungs
 (Duration) yrs. *14* mos. ds.

Contributory (Secondary) (Duration) yrs. mos. ds.

 (Signed) *C. S. Warren* M. D.
11/6 192*4* (Address) *Cleaton*
 *State the Disease Causing Death, or, in deaths from Violent Causes state (1) Manner 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. In the State yrs. mos. ds.
 Where was disease contracted,

 if not at place of death?
 Former or usual residence

 19 PLACE OF BURIAL OR REINTERMENT *West End*
 DATE OF BURIAL *Nov 7, 1924*
 UNDERTAKER *Central City*

ADDRESS

 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. PHYSICIAN states CAUSE OF DEATH in plain terms, so that it may be properly classified. statement of OCCUPATION very important. See instructions on back of certificate.

MACHINE REPRODUCED FOR RECORDS