

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

PLACE OF DEATH

County *Martin*Vol. Fol. *Powderly*Registration District No. *571*

Inc. Town

Primary Registration District No. *8429*

City

(No.)

St.,

Ward)

FULL NAME *Chas. M. Anthony*File No. *5106*

Registered No.

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

PERSONAL AND STATISTICAL PARTICULARS

1 SEX *male* 4 COLOR OR RACE *white* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *married*
(Write the word)

6 DATE OF BIRTH *June 28, 1861*
(Month) (Day) (Year)

7 AGE *57* yrs. *19* mo. *19* da. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) *Muh. Co. Ky*

PARENTS

10 NAME OF FATHER *Thos. Anthony*

11 BIRTHPLACE OF FATHER (State or country) *East Ohio*

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *Will Anthony*(Address) *Powderly, W. Va.*

15 Filed *2/16, 1918* *C. B. Wickliffe*
By M. Russell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Feb 15, 1918*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Feb 15, 1918*, to *Feb 15, 1918*, that I last saw him alive on *Feb 15, 1918*, and that death occurred on the date stated above at *12:20 P.M.* The CAUSE OF DEATH* was as follows:

Tuberculosis of Bowels

(Duration)..... yrs..... mo..... da.

Contributory (SECONDARY)..... (Duration)..... yrs..... mo..... da.

(Signed) *B. S. Argabrite, M. D.*
Feb 16, 1918. (Address) *Depoy, Ky.*

*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..... mo..... da. In the State..... yrs..... mo..... da.

Where was disease contracted, if not at place of death?

Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Greenville Ky* DATE OF BURIAL *Feb 16, 1918*

20 UNDERTAKER *McDonald's* ADDRESS *Greenville, Ky*

WRITE PLAINLY WITH SPACING HERE--THIS IS A PERMANENT RECORD

N. B.--Every item of information should be carefully supplied. Ask checker to check carefully. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be placed in correct classification. OCCUPATION is very important. See instructions on back of certificate.