FORM V S 1-500M

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

1 PLACE OF DEATH

County Ohio

Vot. Pct. N Rockport

Inc. Town

City

Registration District No. 903

Primary Registration District No. 7208

(No. St., Ward)

File No.

Registered No. 5835

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

2 FULL NAME Mary C Ashley

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female

4 COLOR OR RACE White

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Widowed

6 DATE OF BIRTH May 5, 1844 (Month) (Day) (Year)

7 AGE 73 yrs. 9 mos. 23 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) Muhlenburg Co

PARENTS

10 NAME OF FATHER Samuel C Schull

11 BIRTHPLACE OF FATHER (State or country) Muhlenburg Co

12 MAIDEN NAME OF MOTHER Margaret Brown

13 BIRTHPLACE OF MOTHER (State or country) Greenville Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Alvin Ashley

(Address) McHenry Ky P.O.

15 Filed 3/6, 1918 John T Jones REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Feb 28, 1918 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 2/21, 1918, to 2/28, 1918, that I last saw her alive on 2/27, 1918, and that death occurred on the date stated above at 2 a.m. The CAUSE OF DEATH* was as follows:

Influenza and

Catterhal Pneumonia

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

Contributory (SECONDARY)

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

(Signed) Willard Lake M. D.

3/4, 1918 (Address) Simmons 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. ... 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 REMOVAL Providence

DATE OF BURIAL 3/1, 1918

20 UNDERTAKER J C Williams

ADDRESS Rockport Ky

N. 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. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

11—3184