

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

36313

 1 PLACE OF DEATH
 County Muhlenberg
 Vol. No. 1188
 Inc. Town
 City (No. _____ St., _____ Ward)

 Registration District No. _____
 Primary Registration District No. 7193

File No. _____

Registered No. 81
 [If death occurred in a
 hospital or institution,
 give its NAME instead of
 street and number.]

 2 FULL NAME Mary Luticia Ashton

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>white</u>	5 MARRIAGE MARRIED <input checked="" type="checkbox"/> <u>never</u> UNMARRIED, OR DIVORCED (Write the word)
6 DATE OF BIRTH <u>Aug 27, 1891</u> (Month) (Day) (Year)		
7 AGE <u>37 yrs. 1 mos. 4 ds.</u>		IF LESS than 1 day... hrs. or... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Housewife</u> (b) General nature of industry, business or establishment in which employed (or employer)		

 9 BIRTHPLACE (State or country)
Muhlenberg Co - Ky

 10 NAME OF FATHER
Hon Henry Whiteaker

 11 BIRTHPLACE OF FATHER (State or country)
Kentucky

 12 MAIDEN NAME OF MOTHER
Agnes Morris

 13 BIRTHPLACE OF MOTHER (State or country)
Kentucky

 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) Ed. H. Ashton
 (Address) Central City, Ky

 15 Filed 10/29 1918 St. Maple

MEDICAL CERTIFICATE OF DEATH

 16 DATE OF DEATH
Oct 27, 1918
 (Month) (Day) (Year)

 17 I HEREBY CERTIFY, that I attended deceased
 from Oct 23, 1918, to Oct 27, 1918,
 that I last saw her alive on Oct 27, 1918,
 and that death occurred on the date stated above at 8 p. m.

 THE CAUSE OF DEATH* was as follows:
Bronchitis Pneumonia

 (Duration) ... yrs. ... mos. 4 ds.
 Contributory (SECONDARY) Influenza

 (Signed) J. P. Walton (Duration) ... yrs. ... mos. 10 ds.
12001, 1918. (Address) Central City, 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
Kinchelo Bluff DATE OF BURIAL
10/28, 1918

 20 UNDERTAKER
Martin Moore ADDRESS
Central City, Ky

 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. 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.