

MAILED PRESERVED FOR INDEX

WRITE PLAINLY. IN 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.

FORM 5 1-1008 2-9-12

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

34344

1 PLACE OF DEATH

County Muhlenberg

Vol. County Central City 19

Registration District No. 870

Ino. Town #3

Primary Registration District No. 7123

City #3

(No. St., Ward)

File No.

Registered No. 48

[If death occurred in a hospital or institution, give its name, location or street and number.]

2 FULL NAME Mary J. Avery

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Feb 14, 1874
(Month) (Day) (Year)

7 AGE 44 yrs., 2 mos., 15 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) Crayson County Ky

10 NAME OF FATHER Chas S. J. J. J.

11 BIRTHPLACE OF FATHER (State or country) Madison Co Ky

12 MAIDEN NAME OF MOTHER Winnie Logan

13 BIRTHPLACE OF MOTHER (State or country) Crayson Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) I am Avery (Address) Central City Ky

15 Filed Jan 15, 1918 E. L. Bloodgood REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH here 1, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 11, 1917, to here 1, 1918, that I last saw her alive on here 1, 1917, and that death occurred on the date stated above at 9 p.m. THE CAUSE OF DEATH* was as follows:

Ulcer of stomach and also duodenum
(Duration) 8 yrs. 8 mos. 0 ds.

Cent. (Secondary) (Duration) 8 yrs. 8 mos. 0 ds.

(Signed) J. M. P. J. J. M. D. Central City Ky 1917 (Address)

*State the DISEASE CAUSING DEATH, or in death 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 0 yrs. 0 mos. 0 ds. State 0 yrs. 0 mos. 0 ds. Where was disease contracted, if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Mt. Pleasant Church DATE OF BURIAL Dec 3, 1917

UNDERTAKER Master Moore ADDRESS Central City