

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

1 PLACE OF DEATH  
 County Muhlenberg  
 Vol. Pat. H. Central City  
 Inc. Town Central City Ky.  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)  
 2 FULL NAME Margaret Ball  
 File No. 19824  
 Registered No. 27  
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>white</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (If wife the word) <u>widow</u>
6 DATE OF BIRTH <u>Jan'y 27, 1848</u> (Month) (Day) (Year)		
7 AGE <u>65 yrs. 5 mos. 23 ds.</u>		If LESS than 1 day... hrs. or... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work <u>House work</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country) <u>Muhlenberg Co. Ky.</u>		
PARENTS	10 NAME OF FATHER <u>Tom Adcock</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Don't know</u>	
	12 MAIDEN NAME OF MOTHER <u>Sellie Hill</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Muhlenberg Co. Ky.</u>	

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) E. D. Ball  
 (Address) \_\_\_\_\_

15 Filed July 21, 1913 W. L. Bland  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH  
July 20, 1913  
 (Month) (Day) (Year)  
 17 I HEREBY CERTIFY, That I attended deceased from July 13, 1913, to July 20, 1913, and that I last saw her alive on July 19, 1913, and that death occurred, on the date stated above, at 4 P. m.

The CAUSE OF DEATH\* was as follows:  
Chronic Nephritis  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 24 ds.  
 Contributory Dropsy  
 (SECONDARY) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 (Signed) J. D. Walters, M. D.  
July 21, 1913. (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  
 (16) LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  
 At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Where was disease contracted, if not at place of death? \_\_\_\_\_  
 Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL  
Mt Zion  
 20 UNDERTAKER  
Martin Moore  
 DATE OF BURIAL  
July 21, 1913  
 ADDRESS  
Central City

MARGIN RESERVED FOR BINDING

WRITE PLAIN WITH INK USING INK-TING IS A PERMANENT RECORD

B. B. - Every item of information should be correctly 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.