

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

7805

1 PLACE OF DEATH
County Madison

File No.

Vot. Pct. 432Registration District No. 1088Registered No. 3Inc. Town WaverlyPrimary Registration District No. 2237

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

City (No. St., Ward)

2 FULL NAME Mathilde Barty

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Col 5 Single Married Mar.
Widowed or Divorced
(Write the word)6 DATE OF BIRTH March 13, 1896
(Month) (Day) (Year)7 AGE 31 yrs. 11 mos. 19 ds. IF LESS than 1 day hrs. or min?8 OCCUPATION
(a) Trade, profession or particular kind of work. Housewife
(b) General nature of industry, business or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Ala10 NAME OF FATHER John H. Wright11 BIRTHPLACE OF FATHER (State or country) Ala12 MAIDEN NAME OF MOTHER Rittie Patton13 BIRTHPLACE OF MOTHER (State or country) Ala14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) M. Barty(Address) Waverly15 Filed 3-3, 1928 J. P. ... Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 3, 1928
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from 2-24, 1928, to 3-3, 1928, that I last saw him alive on 3-1, 1928, and that death occurred on the date stated above at 9:50 a.m.

The CAUSE OF DEATH* was as follows:

Labor Pneumonia
(Duration) yrs. mos. 9 ds.

Contributory (Secondary) (Duration) yrs. mos. ds.

(Signed) J. P. ... M. D.
3-3, 1928 (Address) Central City

*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 yrs. mos. ds. in the State yrs. mos. ds.
Where was disease contracted,if not at place of death?
Former or usual residence19 PLACE OF BURIAL OR REMOVAL Attns Ala DATE OF BURIAL 3-6, 192820 UNDERTAKER Rich D. Moran ADDRESS WaverlyWRITE 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.

MARGIN RESERVED FOR INDEXING