

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

PLACE OF DEATH

County *Martin*

Vol. No. *112*

Registration District No. *7122*

Inc. Town *Brown Ky*

Primary Registration District No. ....

City (No. ....) St. .... Ward

File No. *B-748*

Registered No. *52*

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

FULL NAME *Sally B. Burnett*

PERSONAL AND STATISTICAL PARTICULARS

SEX *Female* COLOR OR RACE *white* SINGLE, MARRIED, WIDOWED, OR DIVORCED (With the word) *Married*

DATE OF BIRTH *Feb 26 1887*

AGE *27* yrs. .... mos. *15* da. IF LESS than 1 day ... hrs. or ... min.?

OCCUPATION (a) Trade, profession, or particular kind of work. *Housewife* (b) General nature of industry, business or establishment in which employed (or employer)

BIRTHPLACE (State or country) *Muhlenberg Co Ky*

NAME OF FATHER *Wm Humphrey*

BIRTHPLACE OF FATHER (State or country) *Muhlenberg Co Ky*

MAIDEN NAME OF MOTHER *Serena Humphrey*

BIRTHPLACE OF MOTHER (State or country) *Muhlenberg Co Ky*

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *J. B. Tucker*

(Address) *Brown Ky*

FILED *Mar 13 1916* *Mrs. Grundy* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH *Mar 12 1916*

I HEREBY CERTIFY, That I attended deceased from *D.C.*, 1915, to *Mar 12, 1916*; that I last saw her alive on *Mar 12, 1916*; and that death occurred on the date stated above at *10 a.m.* The CAUSE OF DEATH was as follows:

*Encephalitis*

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

(Signed) *J. C. Wood & Burns, M. D.* Mar. 12, 1916 (Address) *Parmenter*

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)

At place of death .... yrs. .... mos. .... da. State .... yrs. .... mos. .... da. Where was disease contracted, if not at place of death? Former or usual residence

PLACE OF BURIAL OR REMOVAL *Shaver Chapel* DATE OF BURIAL *3/13 1916*

UNDERTAKER *J. B. Tucker* ADDRESS *Brown Ky*

Every case of infectious disease is carefully examined. All deaths are carefully examined. Every case of death should be reported in plain terms, so that it may be accurately classified. Most deaths are of infectious origin. It is very important. See instructions on back of certificate. DR. L. H. SOUTH