

Commonwealth of Kentucky
STATE BOARD OF HEALTH.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County Martin
Vol. No. Court House
Loc. Town
City

Registration District No. 871
Primary Registration Dist. No. 7120

File No. 11457
Registered No.

FULL NAME Dollie Blankinship

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

PERSONAL AND STATISTICAL PARTICULARS

1 SEX <u>Female</u>	4 COLOR OR RACE <u>white</u>	3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>
6 DATE OF BIRTH <u>July 8, 1882</u> (Month) (Day) (Year)		
7 AGE <u>28</u> yrs. <u>4</u> mos. <u>3</u> ds.		8 IF LESS than 1 day...hrs. or...min.?
9 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)		
10 BIRTHPLACE (State or country) <u>Christian Co.</u>		

PARENTS	10 NAME OF FATHER <u>Charlie Blankinship</u>
	11 BIRTHPLACE OF FATHER (State or country) <u>Christian Co.</u>
	12 MAIDEN NAME OF MOTHER <u>_____</u>
	13 BIRTHPLACE OF MOTHER (State or country) <u>Christian Co.</u>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Charlie Blankinship
(Address) _____

Filed _____, 1913

Registrar

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH Nov 11, 1913
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 1913, to _____, 1913, that I last saw h_____ alive on _____, 1913, and that death occurred, on the date stated above, at _____ m.

The CAUSE OF DEATH* was as follows:
renal trouble.

Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Signed) _____, M. D.
_____, 1913 (Address)

*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 SOJOURN 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 Garbery Church DATE OF BURIAL Nov 12, 1913
20 UNDERTAKER C. J. Gates ADDRESS _____

DELAY

STATE PLACES WHERE DEATHS ARE REPORTED AS A PRELIMINARY REPORT. THIS STATEMENT OF DEATH IS VERY IMPORTANT. SEE INSTRUCTIONS ON BACK OF CERTIFICATE.
 Every item of information should be carefully supplied. AGE should be stated EXACTLY. PARTICULARS about 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.