

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Muhlenberg
Vet. Pot. _____
Ins. Town Central City, Ky.
City _____ (No. _____) St. _____ Ward _____

Registration District No. 870
Primary Registration Dist. No. 2435

18160
File No. _____
Registered No. 36

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

2 FULL NAME Martha Brown

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE W 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married
6 DATE OF BIRTH Jan 3, 1887
(Month) (Day) (Year)
7 AGE 54 yrs. 5 mos. 28 ds. 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) St. Louis Co.
10 NAME OF FATHER Miss Bender
11 BIRTHPLACE OF FATHER (State or country) Ohio, Sec.
12 MAIDEN NAME OF MOTHER Galvi Bender
13 BIRTHPLACE OF MOTHER (State or country) St. Charles W.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) John R. Henry
(Address) Heister

15 Filed July 2, 1912 A. L. Blomquist
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 2nd, 1912
(Month) (Day) (Year)
17 I HEREBY CERTIFY That I attended deceased from June, 1911, to July 2, 1912
that I last saw her alive on July 2, 1912
and that death occurred, on the date stated above, at 5 P.M.

The CAUSE OF DEATH was as follows:
Cancer of Breast
(Duration) 3 yrs. _____ mos. _____ ds.
Contributory (SECONDARY) _____
(Signed) J. P. Stiff, M. D.
7/2, 1912 (Address) Central City, Ky.

18 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 of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, if not at place of death? _____
Former or usual residence _____

19 PLACE OF BURIAL OR REMOVAL Central City, Ky. DATE OF BURIAL July 3, 1912
20 UNDERTAKER Martin Moore ADDRESS Central City, Ky.

WRITE PLAINLY. WITH CAPS AND UNDERLINES. THIS IS A PERMANENT RECORD.
 U. S.—Every item of information checked as correctly completed. All 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.