

1 PLACE OF DEATH

County Martin

Vot. Pct. ....

Registration District No. 1087Inc. Town Central CityPrimary Registration District No. 2435City 104 (No. 1 St. 2 Ward)

File No. ....

Registered No. 7

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

2 FULL NAME Lucy E. Colbert

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single Widowed  
Married  
Widowed  
or Divorced  
(Write the word)6 DATE OF BIRTH January 10, 1854  
(Month) (Day) (Year)7 AGE 80 yrs. 0 mos. 6 ds. IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min?8 OCCUPATION  
(a) Trade, profession or particular kind of work At home  
(b) General nature of industry, business or establishment in which employed (or employer) .....9 BIRTHPLACE (State or country) Kentucky10 NAME OF FATHER Green Richardson11 BIRTHPLACE OF FATHER (State or country) Kentucky12 MAIDEN NAME OF MOTHER Marcy Roark13 BIRTHPLACE OF MOTHER (State or country) Kentucky14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Thomas H. Richardson(Address) Central City, Ky.15 Filed 1/17, 1924 H. A. L. Bradford Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH January 16, 1924  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Jan 6, 1924, to Jan 17, 1924, that I last saw her alive on Jan 16 - 3 PM, 1924, and that death occurred on the date stated above at 3 P. m.

The CAUSE OF DEATH\* was as follows:

Influenza(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 10 ds.Contributory Hypertensive Pneumonia  
(Secondary)(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 4 ds.(Signed) W. C. McNamee M. D.  
1-17, 1924. (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.

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 residence .....19 PLACE OF BURIAL OR REMOVAL Nebo, Ky. DATE OF BURIAL Jan 17, 192420 UNDERTAKER E. Akins & Anderson ADDRESS Central City, Ky.WRITE 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 language so that it may be properly classified.  
very important. See instructions on back of certificate.