

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHFile No. 3 4838

## 1. PLACE OF DEATH

County Martin  
Vot. Pot. Martinsburg  
Inc. Town \_\_\_\_\_Registration District No. 1095  
Primary Registration District No. 19

Registered No. \_\_\_\_\_

City \_\_\_\_\_ (No. \_\_\_\_\_ St., \_\_\_\_\_ Ward)  
If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME James Lester Childers(a) Residence No. Martinsburg Ky St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH Jan 21 18937. AGE Years Months Days If LESS than 1 day ..... hrs. or ..... min.  
3 1 18. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. \_\_\_\_\_  
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. \_\_\_\_\_  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_12. BIRTHPLACE Martinsburg Ky13. NAME Mathew Rea Childers14. BIRTHPLACE Lawrenceville Ky15. MAIDEN NAME Lorene Maddox16. BIRTHPLACE McHenry Ky17. INFORMANT Mrs. Ellen Maddox(Address) Martinsburg Ky

18. BURIAL, CREMATION, OR REMOVAL

Place Fuller Date Jan 23 193419. UNDERTAKER Arthur L. Mosley(Address) Central City Ky20. FILED 2/23 34 Don Tapier  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Feb 22 193422. I HEREBY CERTIFY, That I attended deceased from Dr 13 1934 to Feb 22 1934  
I last saw him alive on Feb 22 1934, death is said to have occurred on the date stated above, at 9:30 am.  
The principal cause of death and related causes of importance in order of onset were as follows:

Contributory causes of importance not related to principal cause:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_23. If death was due to external causes (violence) fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ date of injury \_\_\_\_\_ 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.Manner of injury Burn  
Nature of injury Burn24. Was disease or injury in any way related to occupation of deceased? No If so, specify \_\_\_\_\_(Signed) J. H. Jarman M. D.  
(Address) Central City Ky

MARGIN RESERVED FOR BINDING

RECORD. Every item of information 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.

N. B. WRITE PLAINLY, WITHOUT UNFADING INK—THIS IS A PERMANENT RECORD. PHYSICIAN 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.