

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

File No. **E 330**
Registered No. **5**

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

1 PLACE OF DEATH
County Muhlenberg
Vol. Pot. # 4 Registration District No. 870
Inc. Town Central City Primary Registration District No. 2435
City Central City (No. 4) St. Central City Ward 1
2 FULL NAME Martin H. Blaggett

PERSONAL AND STATISTICAL PARTICULARS

3 SEX m 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(Write the word)

6 DATE OF BIRTH December 19, 1871
(Month) (Day) (Year)

7 AGE 47 yrs. 1 mos. 5 ds. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Grayson Ky

10 NAME OF FATHER H. G. Blaggett

11 BIRTHPLACE OF FATHER (State or country) Grayson Ky

12 MOTHER'S NAME Jane Dewees

13 BIRTHPLACE OF MOTHER (State or country) Grayson Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. J. Blaggett
(Address) Central City, Ky

15 Filed 2-10, 1919 H. J. Blaggett
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH January 24, 1919
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 10, 1917, to Jan 24, 1919, that I last saw him alive on Jan 24, 1919, and that death occurred on the date stated above at 5:30 p. m. The CAUSE OF DEATH* was as follows:

First diabetes insipid with complications and later about Nov 1st influenza resulting in vascular accident
(Duration) ... yrs. ... mos. ... ds.

Contributory (SECONDARY) hypertension (Duration) ... yrs. ... mos. ... ds.

(Signed) H. J. Blaggett M. D.
Jan 20, 1919 (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, TRANSPORTS 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 Fairmount DATE OF BURIAL Jan 26, 1919

20 UNDERTAKER Martin Moore ADDRESS Central City, Ky

N. B.—Every item of information should be carefully supplied. AGE 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.