

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

 1 PLACE OF DEATH  
 County Martin  
 Vet. Pot. E. Bopp Registration District No. 571  
 Inc. Town..... Primary Registration District No. 7192  
 City..... (No.....) St.,..... Ward.....

File No. .... 5426

Registered No. ....

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

2 FULL NAME Jessima Cobb

## PERSONAL AND STATISTICAL PARTICULARS

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

 6 DATE OF BIRTH..... 1.....  
 (Month) (Day) (Year)

 7 AGE About 77 yrs..... mos..... ds. IF LESS than 1 day... hrs. or... min.?  
 (Month) (Day) (Year)

 8 OCCUPATION  
 (a) Trade, profession, or particular kind of work None  
 (b) General nature of industry, business or establishment in which employed (or employer)

 9 BIRTHPLACE (State or country) Don't know

 10 NAME OF FATHER " " " " " "  
 11 BIRTHPLACE OF FATHER (State or country) " " " " " "  
 12 MAIDEN NAME OF MOTHER " " " " " "  
 13 BIRTHPLACE OF MOTHER (State or country) " " " " " "

 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) E. O. Lee  
 (Address) Luzerne Ky

 15 Filed 8/9, 1918 E. B. Bopp REGISTRAR  
M. Wells

## MEDICAL CERTIFICATE OF DEATH

 16 DATE OF DEATH Feb 9, 1918  
 (Month) (Day) (Year)

 17 I HEREBY CERTIFY, That I attended deceased from Feb 1, 1917 to Feb 8, 1918, that I last saw her alive on Feb 8, 1918, and that death occurred on the date stated above at 5:30 P.M. The CAUSE OF DEATH was as follows:  
Senility

 (Duration)..... yrs... 5 mos... 8 ds.  
 Contributory (SECONDARY).....  
 (Duration)..... yrs..... mos..... ds.  
 (Signed) E. B. Bopp, M. D.  
Feb. 10, 1918 (Address) Greenville 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 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 Country Farm Ky DATE OF BURIAL Feb 10, 1918

 20 UNDERTAKER McDonald Funeral Home ADDRESS Greenville Ky