

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 29319
Registered No. 17

1 PLACE OF DEATH
County Martin
Vot. Pct. Central City
Inc. Town Central City
City (No. St., Ward)

Registration District No. 6843
Primary Registration District No. 1093

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

2 FULL NAME Margherita Conway

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 MARRIAGE Married
(Single, Married, Widowed, or Divorced) (Write the word)
6 DATE OF BIRTH April 18 1845
(Month) (Day) (Year)
7 AGE 61 yrs. 2 mos. 12 ds.
IF LESS than 1 day hrs. or min?

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) Kentucky

PARENTS
10 NAME OF FATHER John Bruce
11 BIRTHPLACE OF FATHER (State or country) Kentucky
12 MAIDEN NAME OF MOTHER Mary Bruce
13 BIRTHPLACE OF MOTHER (State or country) Kentucky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) L. B. Pittman
(Address) Lawrence, Ky.

15 Filed June 30 1926
E. H. Hill
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 30 1926
(Month) (Day) (Year)

17 I HEREBY CERTIFY that I attended deceased from May 1926 to June 30 1926, that I last saw her alive on June 29 1926, and that death occurred on the date stated above at 9 P.M.

The CAUSE OF DEATH* was as follows:
Relapsing
(Duration) yrs. 12 mos. ds.

Contributory (Secondary)
(Duration) yrs. mos. ds.
(Signed) W. P. Shaller, M.D.
June 30 1926 (Address) Central City

*State the Disease Causing Death, or, in deaths from Accident, Chances 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 in the State
of death yrs. mos. ds. State yrs. mos. ds.
Where was disease contracted,
if not at place of death?
Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Leadon Kentucky DATE OF BURIAL July 1 1926

20 UNDERTAKER E. H. Hill ADDRESS Central City

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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. Every statement of OCCUPATION is very important. See instructions on back of certificate.