

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH
County Muhlenberg
Vol. For August 13
Inc. Town
City

Registration District No. 871
Primary Registration Dist. No. 7130

File No. 20737

Registered No. 68

[If death occurred in a hospital or institution give its name, location, ward or block and number.]

FULL NAME Mary Jane Covington

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE white MARRIAGE STATUS widowed
(Write the word)

DATE OF BIRTH June 6, 1828
(Month) (Day) (Year)

AGE 84 yrs. 1 mo. 28 ds. If LESS than 1 day... hrs. or... min.?

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

BIRTHPLACE (State or country) Montgomery County, Tenn.

PARENTS
10 NAME OF FATHER Jealous
11 BIRTHPLACE OF FATHER (State or country) not known
12 MAIDEN NAME OF MOTHER " "
13 BIRTHPLACE OF MOTHER (State or country) " "

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) J. C. Wells
(Address) Barnesville, Ky.

15 PLACE OF BURIAL OR REMOVAL 7th. Prairie
DATE OF BURIAL Aug 4, 1912
16 UNDERTAKER Mrs. McDonald
ADDRESS Barnesville, Ky.

MEDICAL CERTIFICATE OF DEATH

18 DATE OF DEATH Aug 3, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 191__, to _____, 191__

that I last saw h^{er} alive on 29 July 1912
and that death occurred, on the date stated above, at 9:50 P.M.

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

Contributory (occasion) _____
(Signed) O. B. Martin, M. D.
Aug 7, 1912 (Address) Barnesville, Ky.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDE.
(15) LENGTH OF RESIDENCE (For HOSPITALS, INSTITUTIONS, TRANSIENTS or RECENT RESIDENTS)
At place 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 Olivehurst
DATE OF BURIAL Aug 4, 1912
16 UNDERTAKER Mrs. McDonald
ADDRESS Barnesville, Ky.