

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

14187

PLACE OF DEATH

County Madison

File No. _____

VOL. NO.

Registration District No. 975

Registered No. 5

INC. TOWN

Central City Primary Registration District No. 7123

AGE

(No. _____ St., _____ Ward)

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

FULL NAME

Martha Creek

PERSONAL AND STATISTICAL PARTICULARS

1 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
6 DATE OF BIRTH <u>Feb. 10, 1850</u> (Month) (Day) (Year)		
7 AGE <u>77</u> yrs. <u>1</u> mo. <u>12</u> da.		IF LESS THAN 1 day... hrs. or... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>House Keeper</u> (b) General nature of industry, business, or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country) <u>ky</u>		
10 NAME OF FATHER		
11 BIRTHPLACE OF FATHER (State or country)		
12 MAIDEN NAME OF MOTHER		
13 BIRTHPLACE OF MOTHER (State or country)		

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
Feb. 24, 1927
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 5, 1922 to 27, 1927, that I believe has since Feb 22, 1927 and that death occurred on the date stated above at _____ m. The CAUSE OF DEATH* was as follows:
Paralysis Vertical

(Duration) _____ yrs. _____ mos. _____ ds.

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

(Signed) W. J. H. ... M. D.
Feb 24, 1927 (Address) Central City

*State the DISEASE CAUSING DEATH, or, in death 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. State _____ yrs. _____ mos. _____ ds.
Where was disease contracted, if not at place of death? _____
Former or usual residence _____

19 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Signature) J. W. Creek
(Address) Central City, Ky.

20 FILED 7/26 me A. L. ...

21 PLACE OF BURIAL OR REMOVAL
Central City

DATE OF BURIAL
7/26, 1927

22 UNDERTAKER
Walter Moon

ADDRESS
Central City

THIS IS TO BE KEPT IN THE OFFICE OF THE REGISTRAR FOR THE PURPOSES OF THE VITAL STATISTICS ACT AND SHALL REMAIN IN FULL FORCE AND EFFECT UNTIL REVOKED BY THE BOARD OF HEALTH. IN TESTIMONY WHEREOF, I HAVE HEREUNTO SET MY HAND AND SEAL AT COLUMBIA, MISSOURI, THIS 11TH DAY OF FEBRUARY, 1927.