

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County OhioVol. Pat. Censored

Inc. Town

City

Registration District No. 178Primary Registration District No. 6956

(No. St. Ward)

File No.

Registered 10430

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

2 FULL NAME Mary S. Curtis

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single Married Widowed or Divorced (Write the word)6 DATE OF BIRTH July 28, 1892
(Month) (Day) (Year)7 AGE 76 yrs. 3 mos. 1 ds.
IF LESS than 1 day hrs. or min?8 OCCUPATION
(a) Trade, profession or particular kind of work. Home wife
(b) General nature of industry, business or establishment in which employed (or employer).9 BIRTHPLACE (State or country) Greenville 1910 NAME OF FATHER Cal. Jackson11 BIRTHPLACE OF FATHER (State or country) Greenville 1912 MAIDEN NAME OF MOTHER Mrs. Eason13 BIRTHPLACE OF MOTHER (State or country) Greenville 19

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) C. S. Curtis
(Address) Rocky Mt15 Filed 4-12-1929 Geo. L. Eversley
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 12 29, 1928
(Month) (Day) (Year)17 I HEREBY CERTIFY That I attended deceased from Dec 26, 1928, to Dec 29, 1928, that I last saw her alive on Dec 29, 1928, and that death occurred on the date stated above at 8:30 p.m.The CAUSE OF DEATH* was as follows:
Failure of Kidney Trouble
(Duration) yrs. mos. 7 ds.Contributory (Secondary)
(Duration) yrs. mos. ds.(Signed) M. D. Park, M. D.
12/31, 1928 (Address) Rocky Mt

*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 residence19 PLACE OF BURIAL OR REMOVAL Lane Star Cemetery DATE OF BURIAL 12-31-192820 UNDERTAKER Robert Plummer ADDRESS Centertown

REARER REVERSED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

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. See instructions on back of certificate.

7ky.