

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County Mitchell

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Inc. Town

City

Registration District No. 871

Primary Registration Dist. No. 7133

(No. 13 St. Dawson Ward)

File No. 15780

Register No. 49

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

FULL NAME Georgie Dawson

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE Black SINGLE, MARRIED, WIDOWED, OR DIVORCED widow
(Write the word)

DATE OF BIRTH Aug 24 1880
(Month) (Day) (Year)

AGE 31 yrs. 9 mos. 9 ds. If LESS than 1 day...hrs, or...min.?

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

BIRTHPLACE (State or country) Mitchell Ky

10 NAME OF FATHER Drace Martin

11 BIRTHPLACE OF FATHER (State or country) Kentucky

12 MAIDEN NAME OF MOTHER Anna Martin

13 BIRTHPLACE OF MOTHER (State or country) Not known

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Sam R. Martin (Address) Greenville

15 Filed July 4, 1912 W. S. Traub REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 3, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Jan 4 months, 1912, to June 3, 1912,

that I last saw her alive on June 3, 1912, and that death occurred, on the date stated above, at 11:30 a.m.

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

Contributory (secondary) (Duration) ... yrs. ... mos. ... ds.

(Signed) R. M. ..., M. D. June 9, 1912 (Address) Greenville

*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 Greenville Ky DATE OF BURIAL June 4, 1912

20 UNDERTAKER O. L. Ross ADDRESS Greenville

U. S. - Every item of information about this certificate is being recorded in the U. S. BUREAU OF VITAL STATISTICS. It is important that you fill in every blank space. See instructions on back of certificate.