

10302

State File No. _____
Registrar's No. 94COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Form V. B. 1-A

DEPARTMENT OF COMMERCE
Bureau of the CensusRegistration District No. 1085 Primary Registration District No. 2471

1. PLACE OF DEATH:

(a) County Madison
(b) City or town _____
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:

(If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County Madison
(c) City or town _____
(If outside city or town limits, write RURAL)
(d) Street No. East Boggs
(If rural give precinct)

(e) If foreign born, how long in U. S. A? _____ years

3(a) FULL NAME Martin B. Drake

3(b) If veteran, _____

3(c) Social Security _____

Name war _____

No. _____

4. Sex M 5. Color or race W 6(a) Single, widowed, married, divorced _____6(b) Name of husband or wife Bessie Drake

6(c) Age of husband or wife if alive _____ Years

7. Birth date of deceased June 27, 1876
(Month) (Day) (Year)8. AGE: 67 Years 9 Months 11 Days If less than one day hr. _____ min. _____9. Birthplace Madison, Ky.

10. Usual occupation _____

11. Industry or business _____

FATHER

12. Name Ben Drake13. Birthplace Ky.

MOTHER

14. Maiden name Susanna Rose15. Birthplace Madison, Ky.16(a) Informant's own signature Chas. Drake

(b) Address _____

17. BURIAL, CREMATION, OR REMOVAL

Place Madison Date 4/30, 194418(a) Signature of funeral director Sumville, Tenn.(b) Address Sumville, Ky.19(a) 4-11-44 (Date received by local registrar)(b) Jana P. Rouse (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH April 9, 1944
21. I hereby certify that I attended the deceased from Apr. 4, 1944
to Apr. 9, 1944, that I last saw him alive on
stated above at 11:15 p.

Immediate cause of death

Acute Myocarditis

DURATION

Due to

Heart Trouble
contributing cause

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations 130

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? _____
(Specify type of place)

While at work _____

(a) Means of injury _____

23. Signature E. R. Rouse

(M. D. or other)

Address Sumville, Ky. Date signed 4-10-44

MARGIN RESERVED FOR BINDING

N. B.—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 terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.