

Commonwealth of Kentucky  
 DEPARTMENT OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

1 PLACE OF DEATH  
 County Martin  
 Vol. No. Rosemond Registration District No. 7129  
 Inc. Town Rosemond Primary Registration District No. \_\_\_\_\_  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_  
 2 FULL NAME Maudie Luverne Dickes

File No. 5  
 Registered 5:25  
 [If death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) <u>Single</u>
6 DATE OF BIRTH <u>Sept 27th 1916</u> (Month) (Day) (Year)		
7 AGE <u>2 yrs. 4 mos. 14 ds.</u>		IF LESS than 1 day ... hrs. or ... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry business or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country) <u>Much. Co Ky.</u>		
PARENTS	10 NAME OF FATHER <u>George Dickes</u>	
	11 BIRTHPLACE OF FATHER (State or country) <u>Much Co Ky.</u>	
	12 MAIDEN NAME OF MOTHER <u>Strain</u>	
13 BIRTHPLACE OF MOTHER (State or country) <u>Much Co Ky.</u>		

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH  
Feb 10 1918  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Feb 9, 1918, to Feb 9th, 1918, that I last saw her alive on Feb 9, 1918, and that death occurred on the date stated above at \_\_\_\_\_ m. The CAUSE OF DEATH\* was as follows:  
Septicemic affections of the Omentum and Mesentery

Duration 2 yrs. ... mos. ... ds.  
 Contributory (SECONDARY) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. ... mos. ... ds.  
 (Signed) J. B. Slaton M. D.  
Feb 10, 1918 (Address) Greenville

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDE.

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  
Rosemond, M. C. B. & 2/11, 1918

20 UNDERTAKER  
Victor Julius Greenville  
 ADDRESS \_\_\_\_\_

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
 (Informant) \_\_\_\_\_  
 (Address) \_\_\_\_\_

15 Filed 2/11, 1918. Victor Julius Greenville REGISTRAR

MARGIN RESERVED 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. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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