

1 PLACE OF DEATH
County of MitchellVol. No. 15 Registration District No. 2135Ino. Town Cleaton Primary Registration District No.

City (No. St. Ward)

1 FULL NAME Sda. May Carus

File No.

Registered No. 35

[If the deceased has a home, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS

2 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED <u>Married</u>
6 DATE OF BIRTH <u>Feb. 10, 1860</u>	IF LESS than 1 day ... hrs. or ... min.?	
7 AGE <u>58 yrs. 4 mos. 4 ds.</u>		
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Housewife</u> (b) General nature of industry, business or establishment in which employed (or employer)		
9 BIRTHPLACE (State or country) <u>Ky.</u>		

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH <u>June 14, 1918</u>
17 I HEREBY CERTIFY, That I attended deceased from <u>March 4, 1918</u> , to <u>June 14, 1918</u> , that I last saw her alive on <u>June 14, 1918</u> , and that death occurred on the date stated above at <u>9 a.m.</u> THE CAUSE OF DEATH* was as follows: <u>Cancer of bowels</u>
(Duration) ... yrs. <u>3</u> .. mos. ... ds.

PARENTS	10 NAME OF FATHER <u>Green Richardson</u>
	11 BIRTHPLACE OF FATHER (State or country) <u>Ky.</u>
	12 MAIDEN NAME OF MOTHER <u>Martha Rook</u>
	13 BIRTHPLACE OF MOTHER (State or country) <u>Ky.</u>

Contributory (SECONDARY) <u>Dr. Roy Wilkins</u>	(Duration) ... yrs. ... mos. ... ds.
(Signed) <u>Dr. Roy Wilkins</u> , M. D.	
<u>June 14, 1918</u> (Address) <u>Cleaton, Ky.</u>	

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

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>John Carus</u> (Address) <u>Cleaton, Ky.</u>
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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

15 Filed <u>6-15</u> , 1918 <u>W.H. Moore</u> REGISTRAR
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19 PLACE OF BURIAL OR REMOVAL <u>Neto # 7</u>	DATE OF BURIAL <u>June 15, 1918</u>
20 UNDERTAKER <u>J. L. Thomas</u>	ADDRESS <u>Cleaton</u>