FORM V S 1-5000M 2-29-12

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 25975

Registered No. ....

1 PLACE OF DEATH

County Muhlenburg

Vot. Pct. Nelson　Registration District No. 7139

Inc. Town ....　Primary Registration District No. ....

City .... (No. .... St., ... Ward)

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

2 FULL NAME Martha Lucill Eversley

PERSONAL AND STATISTICAL PARTICULARS

3 SEX	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)
Female	White	Single

6 DATE OF BIRTH 9 (Month) 22 (Day), 1909 (Year)

7 AGE 3 yrs. — mos. 13 ds.　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) Muhlenburg Co Ky

PARENTS

10 NAME OF FATHER Harry Eversley

11 BIRTHPLACE OF FATHER (State or country) McClain Co Ky

12 MAIDEN NAME OF MOTHER Effie D. Bullock

13 BIRTHPLACE OF MOTHER (State or country) Ohio Co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Jessie Boon

(Address) Nelson Ky

15

Filed Oct 6, 1912 M. P. Sykes
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 10 (Month) 4 (Day), 1912 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 1st, 1912, to Oct 4th, 1912, that I last saw her alive on Oct 4th, 1912, and that death occurred on the date stated above at 1 a.m. The CAUSE OF DEATH* was as follows:

Membranous Croup

.... (Duration) ...... yrs. ...... mos. 4 ds.

Contributory (SECONDARY) Exposure

.... (Duration) ...... yrs. ...... mos. 4 ds.

(Signed) R. D. Hawes, M. D.

Oct 5, 1912 (Address) Nelson Ky

*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	DATE OF BURIAL
	............, 191...

20 UNDERTAKER	ADDRESS

11-3184

WRITE PLAINLY, WITH [illegible]—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.