

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH FADING 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. See instructions on back of certificate.

Form V. S. 1-A-75m-3-30-32

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 20829

Registered No. 28

1. PLACE OF DEATH

County Martin

Vot. Prec. Central City

Inc. Town Central City

City _____

Registration District No. 1087

Primary Registration District No. 2435

(No. _____ St., _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Mary M. Harbo

(a) Residence. No. _____ St., _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. Now long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX ♀ 4. COLOR OR RACE White 5. Single Married, Widowed or Divorced (write the word) Single

6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Aug 7th 1923

6. DATE OF BIRTH 7. AGE
Years Months Days If LESS than 1 day hrs. or min.
11 - 2

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At school
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE Kentucky

13. NAME Caroline

14. BIRTHPLACE "

15. MAIDEN NAME "

16. BIRTHPLACE _____

17. INFORMANT Henry Harbo
(Address) Central City Ky

18. BURIAL, CREMATION, OR REMOVAL Springfield Cem Date 8/10/34 1934

19. UNDERTAKER J. Anderson
(Address) Central City Ky

20. FILED 8/10- 1934 Ad. Paul
Registrar,

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Aug 9th, 1934

22. I HEREBY CERTIFY, That I attended deceased from May 29, 1934 to Aug 9, 1934

I last saw her alive on July 26, 1934, death is said to have occurred on the date stated above, at 7:00 m.
The principal cause of death and related causes of importance in order of onset were as follows:

mitral incompetency
Love
stroke
age
Contributory causes of importance not related to principal cause:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ date of injury _____ 19 _____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) J. H. Stuyvesant, M. D.
(Address) Central City Ky