

Commonwealth of Kentucky  
STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County *Washington*  
Vol. No. *Washington* Registration District No. *2140*  
Inc. Town ..... Primary Registration District No. ....  
City ..... (No. .... St., ..... Ward) .....

File No. **19295**Registered No. **18**

(If death occurred in a hospital or institution give the NAME (instead of street and number.)

2 FULL NAME *Martilda Foster*

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3 SEX *Female* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widow*  
(Write the word)16 DATE OF DEATH *July 13th 1914*6 DATE OF BIRTH ..... 1861  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from *May 4th 1914* to *July 13th 1914* that I have seen him alive on *July 13th 1914* and that death occurred on the date stated above at *his* home, THE CAUSE OF DEATH\* was as follows:7 AGE *63* yrs. .... mo. .... da. IF LESS than 1 day ... hrs. or ... min.?*Cerebrama of Stomach*  
.....  
..... (Duration) .... yrs. *4* mo. .... da.8 OCCUPATION  
(a) Trade, profession, or particular kind of work .....  
(b) General nature of industry, business or establishment in which employed (or employer) *Honorary*

Contributory (Secondary) .....

9 BIRTHPLACE (State or country) *Ky.*

..... (Duration) .... yrs. .... mo. .... da.

10 NAME OF FATHER *Wm Spaid*(Signed) *J. T. Edge* M. D.11 BIRTHPLACE OF FATHER (State or country) *Ky.**July 13th 1914* (Address) *Greenville Ky*12 MAIDEN NAME OF MOTHER *Sarah Stewart*

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

13 BIRTHPLACE OF MOTHER (State or country) *Ky.*

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RESIDENTS)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

At place of death .... yrs. .... mo. .... da. State .... yrs. .... mo. .... da.

(Informant) *Mrs Stewart*

Where was disease contracted, if not at place of death? .....

(Address) *Greenville Ky*

Former or usual residence .....

15 PLACE OF BURIAL OR REMOVAL *Mount Hill*19 PLACE OF BURIAL OR REMOVAL *Mount Hill*16 DATE OF BURIAL *July 14, 1914*20 DATE OF BURIAL *July 14, 1914*17 SIGNATURE OF INFORMANT *Jeanne K. Hummel* REGISTRAR21 SIGNATURE OF REGISTRAR *Hanna M. ...*22 SIGNATURE OF DEPUTY REGISTRAR *Deputy*