

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

1 PLACE OF DEATH

County Mitchell

Vol. No. Legash 13

Registration District No. 871

Inc. Town Gunnville

Primary Registration District No. 2436

City 11

(No. St., Ward)

File No. 28706  
Registered No. 102

(If death occurred in a hospital or institution, give its name instead of street and number.)

2 FULL NAME Susan Anne Hampton

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Nov 23 1902  
(Month) (Day) (Year)

7 AGE 10 yrs. 0 mos. 0 da.  
IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION  
(a) Trade, profession, or particular kind of work. child  
(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Mitchell

10 NAME OF FATHER Pink Hampton

11 BIRTHPLACE OF FATHER (State or country) Mitchell

12 MAIDEN NAME OF MOTHER Lucy Ross

13 BIRTHPLACE OF MOTHER (State or country) Mitchell

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) Wm. W. Wain  
(Address) Gunnville

15 Wm. W. Wain  
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 23 1912  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased Wm from after she was dead 191... to 191... that I first saw him after she was dead 191... and that death occurred on the date stated above at 11 m. The CAUSE OF DEATH was as follows:  
Quinched wound in left temple  
accidental  
(Duration) ... yrs. ... mos. ... da.

Contributory (SECONDARY) ... (Duration) ... yrs. ... mos. ... da.  
(Signed) C. B. Martin, M. D.  
Nov 23, 1912 (Address) Mitchell

\*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 REGENT RESIDENTS)  
At place of death ... yrs. ... mos. ... da. In the State ... yrs. ... mos. ... da.  
Where was disease contracted, if not at place of death? ...  
Former or usual residence ...

19 PLACE OF BURIAL OR REMOVAL South Barton DATE OF BURIAL Nov 24, 1912

20 UNDERTAKER Geo E. Gorge ADDRESS Gunnville