

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

18164

PLACE OF DEATH

County

Wilkesburg

Vot. Pot.

Inc. Town

City

FULL NAME

Martha J. Hines

870
2435-

File No.

Registered No.

40

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

PERSONAL AND STATISTICAL PARTICULARS

1 SEX Female
2 COLOR OR RACE White
3 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) married

4 DATE OF BIRTH June 17, 1864
(Month) (Day) (Year)

7 AGE 48 yrs. 1 mos. 6 ds.
If LESS than 1 day... hrs. or... min.?

5 OCCUPATION
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer) House Keeping

6 BIRTHPLACE (State or country) Butler co. Ky

PARENTS

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country) Isaac Gid Combs

12 MAIDEN NAME OF MOTHER Jane Bowers

13 BIRTHPLACE OF MOTHER (State or country) Warren co. Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

James Hines
Central city

15

Filed

July 23, 1912
W. L. Bland
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 23, 1912
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 22, 1912, to July 23, 1912, that I last saw her alive on July 23, 1912, and that death occurred, on the date stated above, at 10 m.

The CAUSE OF DEATH* was as follows:
Pneumonia of breast and other complications - weak heart

(Duration) 2 yrs. ... mos. ... ds.
Contributory (SECONDARY) Kidney and nervous trouble (Duration) ... yrs. ... mos. ... ds.

(Signed) W. P. McDowell, M. D.
July 23, 1912 (Address) Central city

*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. 7 ds. In the State 45 yrs. ... mos. ... ds.

Where was disease contracted, if not at place of death? Ohio early
Former or usual residence Hartford Ky

19 PLACE OF BURIAL OR REMOVAL Bluff
DATE OF BURIAL July 24, 1912

20 UNDERTAKER Martin Wood
ADDRESS Central city

WRITE PLAINLY, WITH UNFADING INK—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.

MARGIN RESERVED FOR BINDING