

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County

Vol. Pat.

Inc. Town

City

(No.)

St.

Ward)

FULL NAME

File No. **27829**

Registered No.

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

10 DATE OF DEATH **Oct. 13, 1913**
(Month) (Day) (Year)

6 DATE OF BIRTH **Oct. 29, 1868**
(Month) (Day) (Year)

11 I HEREBY CERTIFY, That I attended deceased from
June 3, 1913, to Oct. 13, 1913,
that I last saw her alive on **Sept. 27, 1913,**
and that death occurred, on the date stated above, at.....m.

7 AGE, **44 yrs. 11 mos. 18 ds.**
If LESS than
1 day.....hrs.
or.....min.?

The CAUSE OF DEATH* was as follows:
Pulmonary tuberculosis

.....(Duration).....yrs. **7** mos.....ds.

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

Contributory
(Secondary) **J. A. Huff** (Duration).....yrs.....mos.....ds.

PARENTS

10 NAME OF FATHER **James Mathews**

11 BIRTHPLACE OF FATHER (State or country) **Tenn.**

12 MAIDEN NAME OF MOTHER **Lucy Switto**

13 BIRTHPLACE OF MOTHER (State or count.) **Tenn.**

(Signed) **J. A. Huff** M. D.
Hudson, Ky. (Address) **Hudson, Ky.**

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state
(1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDE

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) **James Hite**
(Address) **Martinsburg, Ky.**

(15) 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

15 Filed **Oct 7, 1913** **M. D. Stephens**
REGISTRAR

19 PLACE OF BURIAL OR REMOVAL 191....
DATE OF BURIAL

20 UNDERTAKER ADDRESS