

Commonwealth of Kentucky

STATE BOARD OF HEALTH.

BUREAU OF VITAL STATISTICS

1 PLACE OF DEATH

County Martin CERTIFICATE OF DEATH

Vol. Pat. Hill Side Registration District No. 236

Inc. Town..... Primary Registration Dist. No. 16

City..... (No..... St..... Ward) [If death occurred in a hospital or institution, give its name, location of street and number.]

File No. 16811

Registered No. 46

2 FULL NAME Caroline Hurt

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH June 6, 1905
(Month) (Day) (Year)

7 AGE 8 yrs. mos. ds. If LESS than 1 day.... hrs. or.... min.?

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

9 BIRTHPLACE (State or country) Hopkins County

PARENTS 10 NAME OF FATHER Fidela Hurt 11 BIRTHPLACE OF FATHER (State or country) Mullenburg 12 MAIDEN NAME OF MOTHER Bill Martin 13 BIRTHPLACE OF MOTHER (State or country) Mullenburg

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Carolina Hurt (Address) Brunsville Ky

15 DIED June 10, 1913 Mrs. M. M. Martin REGISTRAR Dr. W. W. Martin

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH June 10, 1913
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from 1913 to 1913, that I last saw him alive on June 10, 1913, and that death occurred, on the date stated above, at.....m. The CAUSE OF DEATH* was as follows:

Pistol shot over right eye, accidental
(Duration)..... yrs. mos. ds.

Contributory (SECONDARY)..... (Duration)..... yrs. mos. ds. (Signed) C. H. Lewis Carroll June 10 1913 (Address) Chatham

*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. ds. In the State..... yrs. mos. ds. Where was disease contracted, If not at place of death?..... Former or usual residence.....

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL June 10, 1913

20 UNDERTAKER ADDRESS Gas E. George Brunsville Ky

U. S. - Every item of information should be carefully supplied. AGE should be stated in FULLY. FIFTY YEARS should state GROUND OF DEATH in plain English, so that it may be properly classified. Full statement of OCCUPATION is very important. See instructions on back of certificate.