

29317

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____

Registered No. 99

1. PLACE OF DEATH

County Martin

Vot. Pct. _____

Registration District No. 1093

Incorporated _____

Primary Registration District No. 2436City Greenville Ky. (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Martha Ann Lewis IF VETERAN, WHAT WAR? _____(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. Single, Married, Widowed or Divorced (write the word)

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____

6. DATE OF BIRTH ? 18557. AGE Years Months Days If LESS than 1 day..... hrs. or..... min.
82 ? ?

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.

10. Date deceased last worked at this occupation (month and year).

11. Total time (years) spent in this occupation.

12. BIRTHPLACE KyFATHER 13. NAME Peter Lewis14. BIRTHPLACE KyMOTHER 15. MAIDEN NAME ? Hedford16. BIRTHPLACE Ky17. INFORMANT L. A. Denny(Address) Greenville Ky.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenville Date 11/17, 193719. UNDERTAKER Greenville Funeral Home deceased? _____ If so, specify _____(Address) Greenville, Ky.20. FILED 11-16 37 R. E. Coyle Registrar.(Signed) J. C. Woodbury M. D.
(Address) Greenville Ky.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Nov 15, 193722. I HEREBY CERTIFY, That I attended deceased from Jan 16, 1937 to Nov 14, 1937I last saw him alive on Jan 14, 1937. Death is said to have occurred on the date stated above, at 2 P. M.
The principal cause of death and related causes of importance in order of onset were as follows:Arteriosclerosis

Date of onset

Contributory causes of importance not related to principal cause:

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ date of injury _____ 19____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of

deceased? _____ If so, specify _____

(Signed) J. C. Woodbury M. D.(Address) Greenville Ky.

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied and 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.