FORM V. S. 1-200 M. 10-15-15

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

7128

File No. 22869

Registered No. ....

1 PLACE OF DEATH

County Muhlenberg

Vot. Pct. 8

Inc. Town ....

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

2 FULL NAME Martha Mc Coy

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: F

4 COLOR OR RACE: W

5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word): Married

6 DATE OF BIRTH: 1 (Month) 21 (Day), 1874 (Year)

7 AGE: 41 yrs. 7 mos. .... ds. If LESS than 1 day ....hrs. or ....min.?

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

9 BIRTHPLACE (state or country): Ky.

PARENTS

10 NAME OF FATHER: John Perry.

11 BIRTHPLACE OF FATHER (State or country): Ky.

12 MAIDEN NAME OF MOTHER: Katherine Bowers

13 BIRTHPLACE OF MOTHER (State or country): Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) James Mc Coy.

(Address) Bevrod Ky

15 Filed 9/3, 1915 M. E. Bewley. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: 9 (Month) 3 (Day), 1915 (Year)

17 I HEREBY CERTIFY, That I attended deceased from July 1, 1915, to Sept 2, 1915, that I last saw her alive on Sept 2, 1915, and that death occured, on the date stated above, at 1 a.m.

The CAUSE OF DEATH* was as follows:

Chronic dysentery

CPC 14/2 3/18.42

(Duration) .... yrs. .... mos. .... ds.

Contributory (SECONDARY) ....

(Duration) .... yrs. .... mos. .... ds.

(Signed) E. M. Bewley, M.D.

9/3, 1915 (Address) Bevrod, Ky.

*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: Forest Grove

DATE OF BURIAL: 9/3, 1915

20 UNDERTAKER: W. Rector

ADDRESS: Dunmor

11—6134