

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY WITH
 should be carefully supplied. AGE should be stated EXACTLY. PHICIANS should state CAUSE OF
 DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very im-
 portant.

Form V. S. 1-A
 DEPARTMENT OF COMMERCE
 Bureau of the Census
 COMMONWEALTH OF KENTUCKY
 Department of Health
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH
 State File No. 23049
 Registrar's No. 273
 Registration District No. 1085 Primary Registration District No. 7471

2. PLACE OF DEATH:
 (a) County Martin
 (b) City or town Martin
 (If outside city or town limits, write RURAL)
 (c) Name of hospital or institution:
 (If not in hospital or institution write street number or location)
 (d) Length of stay: In hospital or community _____
 (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Tenn (b) County Martin
 (c) City or town _____
 (If outside city or town limits, write RURAL)
 (d) Street No. _____
 (If rural give precinct)
 (e) If foreign born, how long in U. S. A.? _____ years

3(a) FULL NAME Viola Elizabeth Melton

3(b) If veteran, _____ Social Security No. _____
 Name war _____

4. Sex F. 5. Color or race W 6(a) Single, widowed, married, divorced W

6(b) Name of husband or wife George Melton

6(c) Age of husband or wife if alive _____ Years

7. Birth date of deceased Sept 9 - 1881 Years
 (Month) (Day) (Year)

8. AGE: Years 61 Months 7 Days 18 If less than one day _____ min.

9. Birthplace Tenn

10. Usual occupation Housework

11. Industry or business _____

FATHER { 12. Name Al Morris

13. Birthplace Tenn

MOTHER { 14. Maiden name Miss Elizabeth H. Hager

15. Birthplace _____

16(a) Informant's own signature Lary Mays

(b) Address Central City Ky

17. BURIAL, CREMATION, OR REMOVAL
Washburn Cemetery Date 10-28-42

18(a) Signature of funeral director W. H. Hager

(b) Address Central City Ky

19(a) October 28, 1942 (Date received by local registrar)
 (b) W. H. Hager (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH 10-27 1942

21. I hereby certify that I attended the deceased from Aug 1937
 to Oct 21 1942 that I last saw him alive on _____
 and that death occurred on the date stated above at 7:30 P M.

Immediate cause of death Cancer of uterus

Due to _____
 Other conditions _____
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations 48 A

Of autopsy _____

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____

(c) Where did injury occur? In or about home, on farm, in industrial place, in public place?
 (Specify type of place)

While at work? _____ (a) Means of injury _____

23. Signature E. L. Gater (M. D. or other)
 Address Creswell Ky Date signed 10-30-42