

2 P.M. *at*
 21 *Person Creek*
 N. B.—WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be 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.

MARGIN RESERVED FOR BINDING

28084
 Registrar's No. 295

COMMONWEALTH OF KENTUCKY
 Department of Health
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

Registration District No. 1085 Registration District No. 2435

1. PLACE OF DEATH: *Muhlenberg*

(a) County *Muhlenberg* (b) County *Muhlenberg*

(c) City or town *Central City Ky* (If outside city or town limits, write RURAL)

(d) Name of hospital or institution: _____

(If not in hospital or institution write street number or location)

(e) Length of stay: In hospital or community _____ (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State *Kentucky* (b) County *Muhlenberg*

(c) City or town *Central City Ky* (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 *Mattie Delia Newton*

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

Name sex *Female* *White* 5 Color *White* 6(a) Single, widowed, married, divorced *Married*

6(b) Name of husband or wife *J. H. Newton*

6(c) Age of husband or wife *Married* _____ Years

7. Birth date of deceased *March 2 - 1877* (Month) (Day) (Year)

8. AGE: *66* Years *8* Months *16* Days If less than one day _____ hr. _____ min.

9. Birthplace *Tenn*

10. Usual occupation _____

11. Industry or business _____

FATHER { 12. Name *James Murry*

13. Birthplace *Tenn*

MOTHER { 14. Maiden name *Martha Elizabeth Allen*

15. Birthplace *Tenn*

16(a) Informant's own signature *J. H. Newton*

(b) Address *Central City, Ky*

17. BURIAL, CREMATION, OR REMOVAL *Person Creek* Date *Apr 20, 1943*

18(a) Signature of funeral director *W. B. Blodgett*

(b) Address *Central City, Ky*

19(a) *December 3, 1943* (Date received by local registrar) (b) *W. B. Blodgett* (Registrar's signature)

20. DATE OF DEATH *April 18* 19 *43*

21. I hereby certify that I attended the deceased from *Nov 1* 19 *43* to *Nov 17* 19 *43*, that I last saw him alive on *Nov 17* 19 *43*, and that death occurred on the date stated above at *1:10 P. M.*

Immediate cause of death *Arteriosclerosis (Heart)*

	DURATION
_____	_____
_____	_____
_____	_____

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

Major findings: *903*

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

23. 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 _____

24. Signature *J. S. Fitzhugh* (M. D. or other)

Address *Central City Ky* Date signed *4/22/43*