

Bailer & Co.

7559

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
County Muhlenberg
Vol. Pat. J. C. Howe
Inc. Town _____
City _____ (No. _____ St. _____ Ward _____)

Registration District No. 871
Primary Registration Dist. No. 7181

File No. _____
Registered No. _____

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

2 FULL NAME Eula Martin Pritchett

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX F 4 COLOR OR RACE Col. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Married
(Write the word)

16 DATE OF DEATH 3 2, 1922
(Month) (Day) (Year)

6 DATE OF BIRTH June 25, 1890
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from _____, 191____, to _____, 191____, that I last saw h_____ alive on _____, 191____, and that death occurred, on the date stated above, at 2 a. m.

7 AGE 31 yrs. 5 mos. 7 ds. If LESS than 1 day ____ hrs. or ____ min.?

The CAUSE OF DEATH* was as follows:
Tubercular Meningitis

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

(Duration) ____ yrs. ____ mos. ____ ds.
Contributory Tuberculosis Lungs
(SECONDARY)

9 BIRTHPLACE (State or country) Muhlenberg

(Duration) ____ yrs. ____ mos. ____ ds.
(Signed) Robt J Bailer, M. D.
3/3/22 (Address) Central City, Ky

PARENTS

10 NAME OF FATHER James Martin

11 BIRTHPLACE OF FATHER (State or country) Muhlenberg

12 MAIDEN NAME OF MOTHER Nellie Martin

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg

*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 _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) H. H. Mathis
(Address) Greenville, Ky.

19 PLACE OF BURIAL OR REMOVAL Central City, Ky DATE OF BURIAL 3/3, 1922
UNDERTAKER Oren L. Roark ADDRESS _____

15 Filed 3/4, 1922 C. P. Krekoff REGISTRAR

U. S. - 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 CLASSIFICATION OF OCCUPATION is very important. See instructions on back of certificate.