

Form V. B. 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. _____

Registrar's No. 257Registration District No. 1085 Primary Registration District No. 2435

1. PLACE OF DEATH:

(a) County Franklin
(b) City or town Central City
(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 Ky
(c) City or town Central City
(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 Martha Ann Sanders

3(b) If veteran, _____ 3(c) Social Security

Name war _____ No. _____

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

6(b) Name of husband or wife _____

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

7. Birth date of deceased April 21 1850
(Month) (Day) (Year)8. AGE: Years 94 Months 15 Days _____
If less than one day hr. _____ min.9. Birthplace Franklin Ky10. Usual occupation House wife

11. Industry or business _____

FATHER { 12. Name Sanderson13. Birthplace WMOTHER { 14. Maiden name W15. Birthplace W16(a) Informant's own signature Jim Phelps(b) Address Central City Ky

17. BURIAL, CREMATION, OR REMOVAL

Int Joseph Date 9-6- 194418(a) Signature of funeral director J. P. Wharton(b) Address Central City Ky19(a) 10-3-44 (Date received by local registrar) (b) Maxwell Judge (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH September 5th 194421. I hereby certify that I attended the deceased from 7/10 1944
to Sept 3 1944 that I last saw him alive on __________ 19____ and that death occurred on the date
stated above at 6:30 M.Immediate cause of death Senescence DURATION

Due to _____

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

Major findings:

Of operations 107-162B

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? _____

(b) Means of injury _____

23. Signature J. P. Wharton (M. D. or other)Address Central City Ky Date signed 9/5/44

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