

Commonwealth of Kentucky  
 STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS  
 CERTIFICATE OF DEATH

PLACE OF DEATH  
 County Muhlenberg

Vet. Pat. \_\_\_\_\_

Ino. Town Central City

City \_\_\_\_\_ (No. \_\_\_\_\_ St.; \_\_\_\_\_ Ward)

FULL NAME Artha Smith

870  
 2435

File No. 28755

Registered No. 53

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Colored 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED - (Write the word) married

6 DATE OF BIRTH \_\_\_\_\_, 1872  
 (Month) (Day) (Year)

7 AGE 40 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. If LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?

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

9 BIRTHPLACE (State or country) Ohio co Ky

10 NAME OF FATHER Robt Austin

11 BIRTHPLACE OF FATHER (State or country) Ohio co Ky

12 MAIDEN NAME OF MOTHER Betsy Shultz

13 BIRTHPLACE OF MOTHER (State or country) Ohio co Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John Smith  
 (Address) Central City

15 Filed Nov. 19, 1912 W. L. Bradford  
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 19, 1912  
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 19, 1912, to Nov 19, 1912 that I last saw her alive on Nov 19, 1912 and that death occurred, on the date stated above, at 12 am.

The CAUSE OF DEATH\* was as follows:

Heart failure

a few hours (Duration) yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
 Contributory Natural wear heart  
 (SECONDARY) (Duration) yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(Signed) W. P. McDowell, M. D.  
Nov. 19, 1912 (Address)

\*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 \_\_\_\_\_ DATE OF BURIAL Nov. 20, 1912

20 UNDERTAKER Marlin Moore ADDRESS Central City

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