

CERTIFICATE OF DEATH

16567

1 PLACE OF DEATH

County *Martin*

Vol. *12* *Boys*

Inc. Town .....

City .....



1095  
6534

File No. ....

Registered No. ....

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

2 FULL NAME *Masha Mae Summers*

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *F* 4 COLOR OR RACE *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *widowed*  
(If in the word)

6 DATE OF BIRTH *Aug 24, 1886*  
(Month) (Day) (Year)

7 AGE *35* yrs. *10* mos. *17* ds. If LESS than 1 day ... hrs. or ... min. ?

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

9 BIRTHPLACE (State or country) *Ky.*

PARENTS  
10 NAME OF FATHER *William Henry Gibbs*  
11 BIRTHPLACE OF FATHER (State or country) *Ky.*  
12 MAIDEN NAME OF MOTHER *Franziska Coull Jones*  
13 BIRTHPLACE OF MOTHER (State or country) *Ky.*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) *Mrs. Francis C. Gibbs*  
(Address) *Luzerne, Ky.*

15 *W. O. Wickliffe*  
MURDER REGISTER

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *July 11, 1922*  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *June 30, 1922* to *July 11, 1922*  
that I last saw him alive on *July 11, 1922*  
and that death occurred, on the date stated above, at *11 A.M.*  
The CAUSE OF DEATH was as follows:  
*Typhoid Fever*

(Duration) yrs. mos. *12* ds.

Contributory .....

(Signed) *D. W. Edge*, M. D.  
*July 11, 1922* (Address) *Luzerne, Ky.*

(1) MEANS OF INJURY; and (2) WHETHER ACCIDENTAL, SUICIDAL OR HOMICIDAL

(11) LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)  
At place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds.  
Where was disease contracted, if not at place of death? .....

Former or usual residence .....

18 PLACE OF BURIAL OR REMOVAL *Centerville, Ky.* DATE OF BURIAL *July 12, 1922*  
19 UNDERTAKER *McDonald & Co. Greenhill, Ky.* ADDRESS .....

U. S. - Every item of information should be carefully checked. AGE should be stated EXACTLY. PHYSICIAN'S check state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.