

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

0310

1 PLACE OF DEATH

County *Martin*

Vot. Pot. *South Carroll*

Ino. Town

City

Registration District No. *7/2/1*

Primary Registration District No.

(No. *D*) St., Ward)

2 FULL NAME *Susan Thomas*

File No.

Registered No.

(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 *White* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED *Married*
(Write the word)

6 DATE OF BIRTH *May 30, 1898*
(Month) (Day) (Year)

7 AGE *71* yrs. *6* mos. *13* ds. IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country)

PARENTS
10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) *John T. Maffinger*
(Address) *South Carrollton Ky*

15 File *no 13, 1919* *W. Hooper*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Dec 13, 1919*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Dec 6, 1919*, to *Dec 13, 1919*, that I last saw her alive on *Dec 13, 1919*, and that death occurred on the date stated above at *9 A.M.* The CAUSE OF DEATH was as follows:

Rheumatism and influenza
(Duration) ... yrs. ... mos. *7* ds.

Contributory (SECONDARY)

(Duration) ... yrs. ... mos. ... ds.

(Signed) *J. R. Thomas*, M. D.
Dec 13, 1919 (Address) *So. Carrollton*

*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, TRAVELERS 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

19 PLACE OF BURIAL OR REMOVAL *Shaw Chapel* DATE OF BURIAL *Dec 14, 1919*

20 UNDERTAKER *Tom Piche* ADDRESS *...*

N. B.—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. See instructions on back of certificate.