

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHFile No. 12748
Registered No. _____

1. PLACE OF DEATH

County MuhlenbergVot. Pst. DePue

Inc. Town _____

City _____

Registration District No. 1099Primary Registration District No. 1583

(No. _____ St. _____ Ward _____)

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Mrs Martha J Taylor(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed or Divorced (write the word) widowed6a. If married, widowed, or divorced HUSBAND of (or) WIFE of Joseph Taylor6. DATE OF BIRTH April 87. AGE Years Months Days If LESS than 1 day hrs. or min.
87 128. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____12. BIRTHPLACE Muhlenberg Co Ky13. NAME Wiley Tyson14. BIRTHPLACE N. C.15. MAIDEN NAME Hittie Mercer16. BIRTHPLACE Ky.17. INFORMANT J. M. Tracy(Address) DePue, Ky.

18. BURIAL, CREMATION, OR REMOVAL

Place DePue Date Apr 21, 193419. UNDERTAKER M. B. McDaniels(Address) Russville, Ky.20. FILED E-11, 1934 C. B. Wickliffe

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH April 20, 193422. I HEREBY CERTIFY, That I attended deceased from March 25, 1934 to April 7, 1934I last saw her alive on April 7, 1934 death is said to have occurred on the date stated above, at 2:00 p. m. The principal cause of death and related causes of importance in order of onset were as follows:Brain pneumonia

Contributory causes of importance not related to principal cause:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ date of injury _____ 19 _____

Where did injury occur? _____

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of

deceased? _____ If so, specify _____

(Signed) R. B. Goff, M. D.(Address) Russville, Ky.

By M. Wells.

MARGIN RESERVED FOR BINDING. N. B. WRITE PLAINLY, 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. See instructions on back of certificate.