

1 PLACE OF DEATH

COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

28682

County MartinVot. Pct. HillsideRegistration District No. 4496843

File No.

Ine. Town.....

Primary Registration District No. XXV

Registered No.

City.....

(No. St., Ward)

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

2 FULL NAME Emma B Wade

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single Married
 Married Widowed
 or Divorced
 (Write the word)

6 DATE OF BIRTH
 (Month) (Day) (Year)
29 yrs. 5 mos. 24 ds.

7 AGE
 IF LESS than 1 day hrs. or min?

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

9 BIRTHPLACE (State or country)
Christian Co Ky

10 NAME OF FATHER
Bud Wright

11 BIRTHPLACE OF FATHER (State or country)
Dont know

12 MAIDEN NAME OF MOTHER
Jim McIntosh

13 BIRTHPLACE OF MOTHER (State or country)
Dont know

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Thos C. Wade

(Address) Murder Ky

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH
Nov. 25, 1924
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 30, 1924, to Nov 20, 1924, that I last saw her alive on Nov 21, 1924, and that death occurred on the date stated above at 6:30 P.M.

The CAUSE OF DEATH* was as follows:

Pulmonary Tuberculosis

(Duration) yrs. mos. ds.
 Contributory (Secondary) Heart valve

(Duration) yrs. mos. ds.
 (Signed) C. G. Caspary, M. D.

Nov 27, 1924 (Address) Central Bldg 15

*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
McIntosh Bldg. Nov. 27, 1924

20 UNDERTAKER ADDRESS
M B McDonald Greenville

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

11. B.—Every item of information should be carefully supplied. AGE should be shown. CAUSE OF DEATH in plain terms. List it may be properly classified. Examine statement of OCCUPATION is very important. See instructions on back of certificate.