

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

1 PLACE OF DEATH  
County Martin  
Vol. No. 20 Registrar District No. 271  
Inc. Town Depoy Primary Registration District No. 7-33  
City Depoy (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
2 FULL NAME Anna Eliza Blake

File No. 1906

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 (Write the word)  
6 DATE OF BIRTH July 24 1884  
(Month) (Day) (Year)  
7 AGE 55 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
8 OCCUPATION  
(a) Trade, profession or particular kind of work. \_\_\_\_\_  
(b) General nature of industry, business or establishment in which employed (or employer) Woman

9 BIRTHPLACE (State or country) Ky  
10 NAME OF FATHER Bud Josey  
11 BIRTHPLACE OF FATHER (State or country) Ky  
12 MAIDEN NAME OF MOTHER William  
13 BIRTHPLACE OF MOTHER (State or country) Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Woch Blake  
(Address) Depoy

15 Filed Jan 22, 1922 W. B. Beckhoff Registrar  
W. B. Beckhoff

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 18 1922  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1922, to \_\_\_\_\_, 1922,

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 1922, and that death occurred on the date stated above at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows:

Means of Injury  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
Contributory (Secondary) \_\_\_\_\_  
(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) \_\_\_\_\_, M. D.  
1922 (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 \_\_\_\_\_ 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

W. B. Beckhoff 1/19 1922

20 UNDERTAKER ADDRESS

W. B. Beckhoff Depoy