

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

File No. 23Registered No. 33045

PLACE OF DEATH

County MuhlenbergVot. Pct. MartwickRegistration District No. 1095

Inc. Town

Primary Registration District No. 19

City

(No. _____ St., _____ Ward)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Jane Cundiff

(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
Married
Widowed
or Divorced
(Write the word)

5a If married, widowed, or divorced
HUSBAND of Bess Cundiff
(or) WIFE of

6 DATE OF BIRTH Nov 21 1853
(Month) (Day) (Year)

7 AGE 75 yrs. 25 mos. ds. IF LESS than 1 day _____ hrs. or _____ min?

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

9 BIRTHPLACE (city or town) _____
(State or country) Ky

PARENTS
10 NAME OF FATHER Thomas Barber
11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) Va.
12 MAIDEN NAME OF MOTHER Julia Johnson
13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) Va.

14 (Informant) J. E. Riley
(Address) Martwick Ky.

15 Filed 12/17 1929 San Naples
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 16 1929
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Nov 14 29 to Dec 16 29, that I last saw her alive on Dec 14 1929, and that death occurred on the date stated above at 3 a m.

The CAUSE OF DEATH was as follows:
Infarctus incident to senility
(Duration) 1 or more yrs. mos. ds.

Contributory (Secondary) _____
(Duration) _____ yrs. mos. ds.

18 WHERE WAS DISEASE CONTRACTED
If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis? _____

(Signed) Chas. W. Felt M. D.
12-17 1929 (Address) Martwick Ky.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL Forest Grove DATE OF BURIAL Dec 18 1929

20 UNDERTAKER Arthur A. Mosley ADDRESS Central City Ky.

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain text so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.