FORM V S 1-500M 2-29-12

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. 20054

Registered No. 87

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

1 PLACE OF DEATH

County Muhlenberg

Vot. Pct. Count Hadee / Registration District No. 871

Inc. Town ..... Primary Registration District No. 7130

City ..... (No. ..... St., ... Ward)

2 FULL NAME Martha Gray

PERSONAL AND STATISTICAL PARTICULARS

3 SEX: Female

4 COLOR OR RACE: white

5 SINGLE, MARRIED WIDOWED, OR DIVORCED (Write the word): married

6 DATE OF BIRTH: ..... (Month) ..... (Day), 1 (Year)

7 AGE: 65 yrs. 8 mos. 2 ds.

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

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

9 BIRTHPLACE (State or country): Muhlenberg County, Ky

PARENTS

10 NAME OF FATHER: Jesse Pearson

11 BIRTHPLACE OF FATHER (State or country): Tenn.

12 MAIDEN NAME OF MOTHER: Lauranie Jackson

13 BIRTHPLACE OF MOTHER (State or country): Wilson Co. Tenn

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) R. H. Pearson

(Address) Cleary Ky

15

Filed 1.7, 191 W. Franklin Registrar

11—3144

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH: Nov. (Month) 16 (Day), 1914 (Year)

17 I HEREBY CERTIFY, That I attended deceased from Did not attend but saw, 191..., that I last saw h... alive on ..., 191..., and that death occurred on the date stated above at 6:30 p.m. The CAUSE OF DEATH* was as follows: Dilated heart, Valvular in Rheumatism

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

Contributory (SECONDARY) .....

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

(Signed) J. F. Slaton, M. D.

Nov. 17, 1914 (Address) Greenville Ky

*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: Friendship B.G.

DATE OF BURIAL: Nov. 17, 1914

20 UNDERTAKER: McDonald & Deutsch

ADDRESS: Greenville Ky.

WRITE PLAINLY WITH INFRADINE INK—THIS IS A PERMANENT RECORD

R. B.—Every item of information should be carefully supplied. All should be printed EXACTLY. PHYSICIANS should make CAUSE OF DEATH in plain terms, so that it may be properly classified. Read statement of OBJECTION is very important. See instructions on back of certificate.