

19964

Form V. S. 1-A-50m-11-1-29

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

File No. \_\_\_\_\_

Registered No. \_\_\_\_\_

1 PLACE OF DEATH  
County Muhlenberg

Vot. Pot. \_\_\_\_\_

Registration District No. 1093Inc. Town GreenwellPrimary Registration District No. 2030City \_\_\_\_\_ (No. \_\_\_\_\_ St., \_\_\_\_\_ Ward)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2 FULL NAME Fernand Martin(a) Residence. No. Greenwell 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. Now long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE Negro 5. Single, Married, Widowed or Divorced (write the word) widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of \_\_\_\_\_

6. DATE OF BIRTH (month, day, and year)

7. AGE Years Months Days If LESS than 1 day \_\_\_\_ hrs. or \_\_\_\_ min.  
73 58. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Muhlenberg  
(State or country) Kentucky13. NAME L. H. Martin14. BIRTHPLACE (city or town) Muhlenberg  
(State or country) Kentucky15. MAIDEN NAME Melvina Reynolds16. BIRTHPLACE (city or town) Muhlenberg  
(State or country) KentuckyINFORMANT Blonnie Mae Shetter  
(Address)18. BURIAL, CREMATION, OR REMOVAL  
Place Greenwell Ky Date Aug 17, 193219. UNDERTAKER Augustus J. Elliott  
(Address) Greenwell, Kentucky20. FILED 8-14-32 Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) \_\_\_\_\_, 19\_\_\_\_

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_  
I last saw him alive on \_\_\_\_\_, 19\_\_\_\_  
Death is said to have occurred on the date stated above, at \_\_\_\_\_ m.  
The principal cause of death and other causes of importance in order of onset were as follows:Arteriosclerosis Date of onset \_\_\_\_\_

Contributory causes of importance not related to principal cause:

Arteriosclerosis

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. War disease, or injury in any way related to occupation of deceased? \_\_\_\_\_

(Signed) W. B. Bayler, M.D.(Address) Greenwell, Ky

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH FADING 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.

By M. W. Holt