

State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

File No. ....

Registered No. 23

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

1 PLACE OF DEATH  
County Martin  
Vet. Pct. #33  
Inc. Town Perrod Ky  
City ..... (No. .... St., ..... Ward)Registration District No. 1085  
Primary Registration District No. 75082 FULL NAME Mary Alice Pogner

## 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 Nov-22, 1929  
(Month) (Day) (Year)7 AGE 74 yrs. 1 mos. 20 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) .....9 BIRTHPLACE (State or country) Perrod Ky10 NAME OF FATHER David Perrod11 BIRTHPLACE OF FATHER (State or country) Martin Ky12 MAIDEN NAME OF MOTHER Bethie Newman13 BIRTHPLACE OF MOTHER (State or country) Martin Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) John A Pogner  
Perrod Ky  
(Address)15 Filed 1-12, 1929 James Oates  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan-12, 1929  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Jan 3, 1929 to Jan 12, 1929, that I last saw her alive on Jan 9, 1929, and that death occurred on the date stated above at 5:30 p.m.

The CAUSE OF DEATH\* was as follows:

Carcinoma of Bowels  
(Duration) 2 yrs. .... mos. .... ds.Contributory (Secondary) Incomplete Bowel Obstruction  
(Duration) 6 yrs. .... mos. .... ds.(Signed) H. S. Newman, M. D.  
Jan 12, 1929 (Address) Drakesboro Ky

State the Disease Causing Death, or, in deaths from Violence 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 Perrod, Ky19 PLACE OF BURIAL OR REMOVAL Perrod Farm Cemetery DATE OF BURIAL Jan-13-2920 UNDERTAKER H. S. Newman ADDRESS Drakesboro Ky

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

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

MAKING SURE TO FILL IN ALL SPACES