

PLACE OF DEATH

County Whitley

Vol. Pct. _____

Inc. Town _____

City CorbinCOMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 1463Primary Registration District No. 2581(No. Fourth St. 3 Ward)File No. 4022Registered No. 77

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

FULL NAME Martha Bolton

PERSONAL AND STATISTICAL PARTICULARS

SEX Female COLOR OR RACE White Single Married widow
Widow or Divorced
(Write the word)DATE OF BIRTH Aug 14 1957
(Month) (Day) (Year)AGE 70 yrs. 9 mos. 15 ds.
IF LESS than 1 day _____ hrs. or _____ mos?OCCUPATION
(a) Trade, profession or particular kind of work. Housewife
(b) General nature of industry, business or establishment in which employed (or employer)BIRTHPLACE (State or country) Ky.10 NAME OF FATHER John Rogers11 BIRTHPLACE OF FATHER (State or country) Ky.12 MAIDEN NAME OF MOTHER Sarah Rogers13 BIRTHPLACE OF MOTHER (State or country) Ky.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE:

(Informant) Letcher Kalton(Address) Corbin Ky.Filed 6/11 1928 L. M. Wilder

Registrar

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH May 29 1928
(Month) (Day) (Year)I HEREBY CERTIFY that I attended deceased from Jan 4 1928 to May 29 1928 that I last saw her alive on Apr 25 1928 and that death occurred on the date stated above at 5:25 P.M.

THE CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage
High Blood Circulation
(Duration) _____ yrs. _____ mos. 2 ds.Contributory (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.(Signed) Eugene Perry M. D.May 30 1928 (Address) Corbin Ky.

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

14 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Boarding 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 _____

15 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Poppleton Chapel May 30 1928

BURIAL TAKEN

ADDRESS

noneMARGIN RESERVED FOR BIRD TAG
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 terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.