

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Pulaski

Vol. Fot.

Pulaski 204

Inc. Town

City

(No.)

St.

Ward

File No.

29667

Registered No.

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

2 FULL NAME

Mattie Hainwaters

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

Nov 2, 1911
(Month) (Day) (Year)

7 AGE

42 yrs. 7 mos. 4 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)

Housewife

9 BIRTHPLACE
(State or country)

Lincoln Co. Ky

PARENTS

10 NAME OF
FATHER

William H. Gray

11 BIRTHPLACE
OF FATHER
(State or country)

Russell Co Ky

12 MAIDEN NAME
OF MOTHER

Mary Jane Ray

13 BIRTHPLACE
OF MOTHER
(State or country)

Pulasky Co. Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant)

James M. H. Gray
(Address) E. H. A. R. H.

15

Filed 11-3, 1911

H. L. Weddell

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH

Nov 2, 1911
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from

Jan 1910, to Oct 31, 1911,
that I last saw her alive on Oct 31, 1911,

and that death occurred, on the date stated above, at ... m.

The CAUSE OF DEATH* was as follows:

Tuberculosis of
Lungs

(Duration) 1 yrs. 10 mos. ... ds.

Contributory
(SECONDARY)

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

(Signed) Leonidas Hughes, M. D.

Nov 3, 1911 (Address) Pulasky 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

DATE OF BURIAL

New Hope

11-3, 1911

20 UNDERTAKER

ADDRESS

W. M. Royal

Pulasky Ky

#1941

MARGIN RESERVED FOR BINDING

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

2. 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.