

COMMONWEALTH OF KENTUCKY  
Department of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

18777

PLACE OF DEATH  
County Rock Castle  
Vol. Pct. North Mt 14  
Inc. Town \_\_\_\_\_  
City \_\_\_\_\_

Registration District No. 1305-  
Primary Registration District No. 8103

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

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
If death occurred in a hospital or institution, give its NAME instead of street and number

2. FULL NAME Martha Burnett IF VETERAN, WHAT WAR? \_\_\_\_\_  
(a) Residence, No. 101 W. 1st St. Ward \_\_\_\_\_  
(Usual place of abode) (If nonresident, give city or town and state)  
Length of residence in city or town where death occurred 3 yrs. mos. da. How long in U.S. if foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS				
3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed or Divorced (write the word) <u>married</u>		
5a. If married, widowed or divorced <u>HUSBAND or (or) WIFE of</u> <u>W. R. Burnett</u>				
6. DATE OF BIRTH <u>1867-12-24</u>				
7. AGE	Years <u>72</u>	Months <u>4</u>	Days <u>26</u>	IF LESS than 1 day.....hrs. or.....min.
OCCUPATION	8. Trade, profession, or occupation kind of work done, as spinner, sewer, bookkeeper, etc. <u>Housewife</u>			
	9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation	

21. DATE OF DEATH May 20 1939

22. I HEREBY CERTIFY, That I attended deceased from  
May 18 1939 to May 20 1939  
I last saw him alive on May 18 1939. Death is said  
to have occurred on the date stated above, at 5:30 p. m.  
The principal cause of death and related causes of importance  
in order of onset were as follows:

Parasitism  
7 weeks in closed  
room

Contributory causes of importance not related to  
principal cause:

12. BIRTHPLACE Rock Castle Co. Ky  
FATHER  
13. NAME William Taylor  
14. BIRTHPLACE Ky.  
MOTHER  
15. MAIDEN NAME Lylie C. G.  
16. BIRTHPLACE Orange Co. Tenn

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

17. INFORMANT W. R. Burnett  
(Address) 101 W. 1st St.  
18. BURIAL, CREMATION, OR REMOVAL  
Place Oak Hill Date 5 21 1939

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.

19. UNDERTAKER W. A. Casper, Jr.  
(Address) 101 W. 1st St.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

20. FILED 31 1939  
Lola M. Curran  
Registrar.

24. Was disease or injury in any way related to occupation of  
deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_  
(Signed) Dr. Parmington  
(Address) 101 W. 1st St.

tions on back of certificate.