

1 PLACE OF DEATH

County Metcalf
Vol. Sumner
Ino. Town
City (No. St. Ward)

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registration District No. 7007
Primary Registration Dist. No. 7

File No. _____

Registered No. 10

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

3 FULL NAME Catherine E. Mc Murtry

PERSONAL AND STATISTICAL PARTICULARS

6 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDDED, OR DIVORCED (Write the word) married

6 DATE OF BIRTH Jan 19, 1848
(Month) (Day) (Year)

7 AGE 72 yrs. 7 mos. 15 ds. If LESS than 1 day... hrs. or... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry business, or establishment in which employed (or employer).

9 BIRTHPLACE (State or country) Monroe Co. Ky.

PARENTS

10 NAME OF FATHER James Bartley

11 BIRTHPLACE OF FATHER (State or country) Monroe Co. Ky.

13 MAIDEN NAME OF MOTHER Nancy Moody

12 BIRTHPLACE OF MOTHER (State or country) Monroe Co. Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) S. J. Mc Murtry
(Address) Thomton, Ind.

15 Filed Sept. 16, 1920 A. B. Mayfield
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

10 DATE OF DEATH DELA Sept. 15, 1920
(Month) (Day) (Year)

17 HEREBY CERTIFY, That I attended deceased from Sept. 15, 1920, to Sept. 15, 1920, that I last saw her alive on Sept. 10, 1920, and that death occurred, on the date stated above, at 72 m.

The CAUSE OF DEATH* was as follows:
Valvular heart disease
(Duration) 1 yrs. 0 mos. 0 ds.

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) S. M. Breeman, M. D.
Sept. 15, 1920 (Address) Sumner, Ind.

*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 Sumner Shade Ky DATE OF BURIAL Sept. 16, 1920

20 UNDERTAKER White... ADDRESS _____

MARGIN RESERVED FOR BINDING WRITE FULLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

U. S. — 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.