

Form V. S. 1-20m-2-2-32

**COMMONWEALTH OF KENTUCKY**  
 State Board of Health  
**BUREAU OF VITAL STATISTICS**  
**CERTIFICATE OF DEATH**

County Mason File No. 778  
 Vol. No. Mason Registration District No. 5250 Registered No. 1  
 Inc. Town \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_  
 City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

1 FULL NAME Martha Chrowning

**PERSONAL AND STATISTICAL PARTICULARS**

2 SEX Female 4 COLOR OR RACE White 5 MARRIAGE STATUS Widowed  
 6 DATE OF BIRTH Aug 2 1892 (Month) (Day) (Year)  
 7 AGE 54 yrs. 5 mos. 5 da. (If less than 1 yr., give mo. or da.)  
 8 OCCUPATION (a) Trade, profession or particular kind of work: Home Keeper  
 (b) General nature of industry, business or establishment in which employed (or employer): \_\_\_\_\_  
 9 BIRTHPLACE (State or country) VA

**PARENTS**

10 NAME OF FATHER Samuel Hicks  
 11 BIRTHPLACE OF FATHER (State or country) Virginia  
 12 MAIDEN NAME OF MOTHER Fanny Cox  
 13 BIRTHPLACE OF MOTHER (State or country) Virginia

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Jack Latta  
 (Address) Mason Ky

15 FILED 2/10 1925 Roy Adams Registrar

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH Jan 2 1925 (Month) (Day) (Year)  
 I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ 192 \_\_\_\_\_ to \_\_\_\_\_ 192 \_\_\_\_\_ that I last saw her alive on Sept 15 192 \_\_\_\_\_ and that death occurred on the date stated above at \_\_\_\_\_  
 The CAUSE OF DEATH\* was as follows:  
Causes of the Heart  
 (Duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.  
 Contributory (Secondary) \_\_\_\_\_ (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da.  
 (Signed) J. P. Ellinger M. D.  
1001 (Address) 1111  
 \*State the disease causing death, or, in death from violence, cause state (a) Means of Injury; and (b) whether Accidental, Suicidal or Homicidal.  
 17 LENGTH OF ILLNESS (For Hospitals, Institutions, Transients or Recent Residents) \_\_\_\_\_ at place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da. In the \_\_\_\_\_ State \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ da. Where was disease contracted, \_\_\_\_\_ if not at place of death? \_\_\_\_\_ Former or usual residence \_\_\_\_\_  
 18 PLACE OF BURIAL OR REMOVAL, DATE OF BURIAL, INTERMENT Mason Church Jan 4 1925  
 (Address) \_\_\_\_\_  
J. P. Ellinger  
1001

11-204

WRITE PLAINLY, IN UNFADING INK.—THIS IS A PERMANENT RECORD  
 Every item of information should be carefully reported. 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.  
 NAMES ENTERED FOR INDEXING