Form V. S. 1-10m-3-22-22

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

1 PLACE OF DEATH
County Grant
Vot. Pct. Mason
Inc. Town
City

Registration District No. 5280
Primary Registration District No.
(No. St. Ward)

File No.
Registered No. 1
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

2 FULL NAME Marthy Browning

PERSONAL AND STATISTICAL PARTICULARS		
3 SEX: Female	4 COLOR OR RACE: White	5 Single, Married, Widowed or Divorced (Write the word): Widowed
6 DATE OF BIRTH: Aug (Month) 2 (Day) 184[illegible] (Year)		
7 AGE: 84 yrs. 5 mos. ... ds.	If LESS than 1 day, ... hrs. or ... min?	
8 OCCUPATION (a) Trade, profession or particular kind of work: House Keeper	(b) General nature of industry, business or establishment in which employed (or employer):	
9 BIRTHPLACE (State or country): Ky		
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 Sebra
(Address) Mason Ky

15 Filed 2/10 1925 Roy Adams Registrar

11-2184

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan (Month) 2 (Day) 1925 (Year)

17 I HEREBY CERTIFY, That I attended deceased from ... 192... to ... 192...
that I last saw her alive on Sept 15 1924
and that death occurred on the date stated above at ... m.
The CAUSE OF DEATH* was as follows:
Cancer of the Breast
(Duration) 2 yrs. ... mos. ... ds.
Contributory (Secondary)
(Duration) ... yrs. ... mos. ... ds.
(Signed) Jno Abernathy, M. D.
Jan 2 1925 (Address) Williamstown 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: Graces Run Church — DATE OF BURIAL: Jan 4 1925

20 UNDERTAKER: O P Elliston — ADDRESS: Williamstown Ky

MARGIN RESERVED FOR BINDING
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.