

Martin, Lela Pearl Renaker 1882 - 1947

Form V. B. 1-A  
DEPARTMENT OF COMMERCE  
Bureau of the Census

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

State File No. hook 975  
Registrar's No. 9

Registration District No. 620 Primary Registration District No. 2240

1. PLACE OF DEATH:  
(a) County Harrison  
(b) City or town Cynthiana  
(c) Name of hospital or institution: N. Walnut St.  
(d) Length of stay: 33 YEARS

2. USUAL RESIDENCE OF DECEASED:  
(a) State KY. (b) County Harrison  
(c) City or town Cynthiana  
(d) Street No. N. Walnut.

3(a) FULL NAME Lela Pearl Martin  
3(b) If veteran, Name war \_\_\_\_\_ 3(c) Social Security No. \_\_\_\_\_  
4. Sex Female 5. Color or race White 6(a) Single, widowed, married, divorced Married  
6(b) Name of husband or wife Clarence D. Martin  
6(c) Age of husband/wife at date of death 63 Years  
7. Birth date of deceased Feb. 27 1882  
8. AGE: Years 64 Months 11 Days 1 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_  
9. Birthplace Scott Co. Ky.  
10. Usual occupation House wife  
11. Industry or business \_\_\_\_\_  
FATHER { 12. Name Katherine Ammerman  
13. Birthplace Harrison Co. Ky.  
MOTHER { 14. Maiden name James W. Renaker  
15. Birthplace Harrison Co. Ky.  
16(a) Informant's own signature J. Robt. Spadone  
(b) Address Cynthiana Ky.  
17. BURIAL, CREMATION or other disposal: Place Battle Grove Date Jan 30, 1947  
18(a) Signature of funeral director James S. Whaley  
(b) Address Cynthiana Kentucky  
19(a) (Date received by local registrar) \_\_\_\_\_ (Registrar's signature) \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH Jan 28, 1947  
21. I hereby certify that I attended the deceased from 27 Jan 1947 to 28 Jan 1947 that I last saw him alive at 6:10 P.M. and that death occurred on the date stated above.  
Immediate cause of death Cerebral Hemorrhage - 18 hours  
Due to Hypertensive Cardis  
Cerebral Hemorrhage -  
Other conditions \_\_\_\_\_ (Include pregnancy within 3 months of death)  
Major findings:  
Of operations 738 - 83H  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? In or about home, on farm, in industrial place, in public place? \_\_\_\_\_ (Specify type of place)  
While at work? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_  
23. Signature Sperry Starwood, Sr.  
Address Cynthiana Ky. Date 29 Jan 47