

Potter, Mary Gullett 1914 - 1934

Form V. S. 1-A-50m-8-17-31

15483

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

1. PLACE OF DEATH
County Rowan
Vot. Pot. Ramerskot Registration District No. 1311
Inc. Town _____ Primary Registration District No. 7335
City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Mary Potter
(a) Residence. No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. Single, Married, Widowed or Divorced (write the word) <u>married</u>		21. DATE OF DEATH <u>June 15</u> , 19 <u>34</u>	22. I HEREBY CERTIFY That I attended deceased from _____, 19 <u>34</u> , to _____, 19 <u>34</u> I last saw him/her alive on _____, 19 <u>34</u> , death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance in order of onset were as follows: <u>Periparturial septicemia</u> <u>~ Ecthelonitis</u> <u>1456</u>
6. If married, widowed, or divorced (or) WIFE of <u>Barton Patten</u>				Date of onset	
7. AGE Year: <u>20</u> Months: <u>3</u> Days: <u>4</u> If LESS than 1 day hrs. or min.				8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
9. DATE OF BIRTH <u>March 11, 1914</u>				9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.	
10. Date deceased last washed as this occupation (month and year)				11. Total time (years) spent in this occupation	
12. BIRTHPLACE <u>Kentucky</u>					
13. NAME <u>Sam Gullett</u>					
14. BIRTHPLACE <u>Kentucky</u>					
15. MAIDEN NAME <u>Ella Wooten</u>					
16. BIRTHPLACE <u>Kentucky</u>					
17. INFORMANT <u>Mr. Sam Gullett</u> <u>Farmers, Ky.</u>					
18. BURIAL, CREMATION, OR REMOVAL Place <u>Gene's Cemetery</u> Date <u>June 17, 1934</u>					
19. UNDERTAKER <u>Barnes & Halseman</u> <u>East Dick, Ky.</u>					
20. FILED <u>June 20, 1934</u> <u>Mrs. J. C. Evans</u> Registrar					
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.				Manner of injury _____ Nature of injury _____	
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____ (Signed) <u>Alw Adkins</u> M. D. (Address) <u>Morehead, Ky.</u>					

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.