

Commonwealth of Kentucky  
STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

1 PLACE OF DEATH  
County Jefferson  
City Louisville  
Registration District No. 20  
Primary Registration District No. \_\_\_\_\_  
Ward) \_\_\_\_\_

2 FULL NAME Martha C. Legate

3 SEX F 4 COLOR OR RACE W. 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED Single  
(Write the word)

6 DATE OF BIRTH Oct 20, 1916  
(Month) (Day) (Year)

7 AGE 1 yrs. 8 mos. 8 ds. IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION  
(a) Trade, profession, or particular kind of work. none  
(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) Puige Ill

PARENTS  
10 NAME OF FATHER John L. Legate  
11 BIRTHPLACE OF FATHER (State or country) Manfield Ky.  
12 MAIDEN NAME OF MOTHER Anna Resinski  
13 BIRTHPLACE OF MOTHER (State or country) Ill

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) John L. Legate  
(Address) 514 E. Gray St.

15 FILED \_\_\_\_\_ 191 \_\_\_\_\_ REGISTERAR By A. E. Deputy

16 DATE OF DEATH Mar 3, 1918  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Mar 25, 1918 to May 3, 1918, that I last saw her alive on May 2, 1918, and that death occurred on the date stated above at \_\_\_\_\_ m. The CAUSE OF DEATH\* was as follows:  
Tubercular Hydrocephalus  
(Duration) ... yrs. ... mos. ... ds.

Contributory (SECONDARY) \_\_\_\_\_ (Duration) ... yrs. ... mos. ... ds.  
(Signed) J. B. Shroad M. D.  
(Address) 101 E. Lee St.

\*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 St. Stephens Cemetery DATE OF BURIAL May 4, 1918  
20 UNDERTAKER John W. Manning ADDRESS 124 N. Broadway

MARGIN RESERVED FOR BINDING

WRITE PLAINLY - WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B. - Every item of information should be carefully supplied. Ages 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.

13604  
File No. \_\_\_\_\_  
Registered No. 1936  
(If death occurred in a hospital or institution, give its NAME (instead of street and number.)