

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

PLACE OF DEATH

County

Vot. Pot.

Ino. Town

City

FULL NAME

Registration District No.

Primary Registration District No.

(No.)

St.,

File No. 10826

Registered No.

(If death occurred in a hospital or institution, give its NAME instead of street and number.)

PERSONAL AND STATISTICAL PARTICULARS

SEX **Female** COLOR OR RACE **white** SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) **widow**

DATE OF BIRTH **Dec 30, 1850**
(Month) (Day) (Year)

AGE **64 yrs. 11 mos. 28 ds.** IF LESS than 1 day ... hrs. or ... min.?

OCCUPATION
(a) Trade, profession, or particular kind of work **Housekeeper**
(b) General nature of industry, business, or establishment in which employed (or employer)

BIRTHPLACE (State or country) **Muhlenberg County Ky**

NAME OF FATHER **J. B. Rode**

BIRTHPLACE OF FATHER (State or country) **Muhlenberg Co Ky**

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER (State or country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) **Arthur Cook**

(Address) **W. S. ...**

Filed **apl 8 - 1915** **E. P. Wierich** REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH **April 27, 1915**
(Month) (Day) (Year)

I HEREBY CERTIFY, That I attended deceased from **March 25, 1915**, to **April 27, 1915**, that I last saw her alive on **April 27, 1915**, and that death occurred on the date stated above at **7 A.M.** The CAUSE OF DEATH* was as follows:
La Grippe with general pneumonia especially the lower portion (Duration) ... yrs. **1** mos. **2** ds.

Contributory (SECONDARY) ... (Duration) ... yrs. ... mos. ... ds.
(Signed) **F. E. ...** M. D. **April 27, 1915** (Address) **Halcyon Mills, Ky**

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL or HOMICIDAL.

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

PLACE OF BURIAL OR REMOVAL **Barry B. Co.** DATE OF BURIAL **Apr. 28, 1915**

UNDERTAKER **Mr. Donald & Dewitt Greenhill** ADDRESS