

State Board of Health  
BUREAU OF VITAL STATISTICSFile No. 13219Registered No. 6

## 1. PLACE OF DEATH

County Mitchell

Vet. Pat. \_\_\_\_\_

Registration District No. 086

Ino. Town \_\_\_\_\_

Primary Registration District No. 6813City Millport Ky.(No. \_\_\_\_\_ St., \_\_\_\_\_ Ward)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Ruthie May Keown(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

3. SEX F4. COLOR OR RACE W5. Single, Married, Widowed  
or Divorced (write the word)  
Widow6a. If married, widowed, or divorced  
HUSBAND of \_\_\_\_\_  
(or) WIFE of Widow R. J. Keown6. DATE OF BIRTH Feb 6 1899

7. AGE

38 Years

Months

2

Days

21If LESS than  
1 day ..... hrs.  
or ..... min.

OCCUPATION

8. Trade, profession, or particular  
kind of work done, as spinner,  
sawyer, bookkeeper, etc. ....9. Industry or business in which  
work was done, as silk mill,  
sawmill, bank, etc. ....10. Date deceased last worked at  
this occupation (month and  
year) .....11. Total time (years)  
spent in this  
occupation .....12. BIRTHPLACE Ky.13. NAME N. J. Hendricks14. BIRTHPLACE Ky.15. MAIDEN NAME Mollie Berry16. BIRTHPLACE Hopkin Co, Ky.17. INFORMANT Mollie Hendricks(Address) Millport

18. BURIAL, CREMATION, OR REMOVAL

Place Brian Creek Date May 28 193519. UNDERTAKER J. B. Tucker(Address) Brian Creek Ky.20. FILED June 10 1935

Registrar, \_\_\_\_\_

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH May 27, 193522. I HEREBY CERTIFY, That I attended deceased from  
\_\_\_\_\_, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_ death is said  
to have occurred on the date stated above, at 2:45 PM  
The principal cause of death and related causes of importance  
in order of onset were as follows:MyocarditisDate of  
onsetContributory causes of importance not related to  
principal cause:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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. at home

Manner of injury \_\_\_\_\_

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of

deceased? \_\_\_\_\_ If so, specify \_\_\_\_\_

(Sign) Lennie Bryan, M. D.(Address) Central City Ky.

7/11/35

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, IN UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully stated EXACTLY. PHYSICIAN 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.