

COMMONWEALTH OF KENTUCKY  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

26598

1 PLACE OF DEATH  
County Madison

File No. \_\_\_\_\_

Vet. Pat. # 5

Registration District No. 1088

Registered No. 42

Inc. Town Drakesboro

Primary Registration District No. 2K37

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

City 107

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

2 FULL NAME Ruth Elizabeth Mason

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX female 4 COLOR OR RACE white 5 Single married  
Married  
Widowed  
or Divorced  
(Write the word)

16 DATE OF DEATH Sept 21 1923  
(Month) (Day) (Year)

DATE OF BIRTH June 16 1856  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from May 21 1921 to Sept 20 1923

7 AGE 67 yrs. 3 mos. 14 ds. IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min?

that I last saw her alive on Sept 20 1923 and that death occurred on the date stated above at 8:00 a.m.

8 OCCUPATION (a) Trade, profession or particular kind of work seamwork  
(b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_

The CAUSE OF DEATH\* was as follows:  
Cytoric stenosis which completely obstructed the pylorus.  
(Duration) 3 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

9 BIRTHPLACE (State or country) Wilmington Co. N.C.

Contributory Stenosis due to stricture (secondary) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

10 NAME OF FATHER L.H. scales

(Signed) S.D. H. Hatcher M. D. Oct 9 1923 (Address) Greenville, Ky

11 BIRTHPLACE OF FATHER (State or country) 0

12 MAIDEN NAME OF MOTHER Mary E. Gith

13 BIRTHPLACE OF MOTHER (State or country) 0

\*State the Disease Causing Death, or, in deaths from violent Causes state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Sol West  
(Address) Drakesboro Ky

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 \_\_\_\_\_

15 Filed 10-7-23 1923 J.B. Kinnear Registrar

19 PLACE OF BURIAL OR RECREVAL Smiths Paradise DATE OF BURIAL 10-1-23

20 UNDERTAKER J.B. Kinnear ADDRESS Drakesboro Ky

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
MAKING MISTAKES FOR REVISIONS  
N. B.—Every item of information should be carefully supplied. AGE should be EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Do not state of OCCUPATION in very important. See instructions on back of certificate.