

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHFile No. 10417
Registered No. 29

1 PLACE OF DEATH

County MuhlenbergVot. Pct. HillsideRegistration District No. 1087Inc. Town Central CityPrimary Registration District No. 2435

City _____

(No. _____ St., _____ Ward)

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

2 FULL NAME Jodie Elizabeth Rossinger

(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 Female 4 COLOR OR RACE White 5 Single Married
Married
Widowed
or Divorced
(Write the word)

5a If married, widowed, or divorced

(or) WIFE of Tom Rossinger6 DATE OF BIRTH Jan 9 1897
(Month) (Day) (Year)7 AGE 30 yrs. 2 mos. 6 ds. IF LESS than 1
day _____ hrs.
or _____ min?8 OCCUPATION OF DECEASED
(a) Trade, profession or particular kind of work Housewife

(b) General nature of industry, business or establishment in which employed (or employer)

9 BIRTHPLACE (city or town) ny.
(State or country)10 NAME OF FATHER Joe Kruper11 BIRTHPLACE OF FATHER (city or town) ny.
(State or country)12 MAIDEN NAME OF MOTHER Mollie Crawford13 BIRTHPLACE OF MOTHER (city or town) ny.
(State or country)14 (Informant) Tom Rossinger
(Address) Mercury15 Filed 3-16-1929 A. L. Crawford
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH March 15 1929
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from March 13, 1929, to March 15, 1929,that I last saw ~~her~~ alive on March 13, 1929,and that death occurred on the date stated above at 2 am.The CAUSE OF DEATH* was as follows:
Tuberculosis of LungContributory _____ (Duration) _____ yrs. _____ mos. _____ ds.
(Secondary)18 WHERE WAS DISEASE CONTRACTED
If not at place of death? _____

Did an operation precede death? _____ Date of _____

Was there an autopsy? _____

What test confirmed diagnosis?
(Signed) A. A. H. H. H., M. D.3/12, 1929. (Address) Central City Ky

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL First Cemetery DATE OF BURIAL March 19 2920 UNDERTAKER Walter H. Mosley ADDRESS Central City Ky

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.