

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

19218

PLACE OF DEATH
County Muhlenberg
City Drakesboro

Registration District No. 088
Primary Registration District No. 237

File No. _____
Registered No. 27
(If death occurred in a hospital or institution, give its NAME instead of street and number.)

St. _____ Ward _____
2 FULL NAME Elsworth Ramsey

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX Male 4 COLOR OR RACE White 5 Single Single
Married Single
Widowed Single
or Divorced Single
(Write the word)
6 DATE OF BIRTH June 8 1924
(Month) (Day) (Year)
7 AGE 2 1/2 yrs. 7 mos. 7 ds.
IF LESS than 1 yr. or less than 7 ds.

16 DATE OF DEATH Aug. 15 1924
(Month) (Day) (Year)
17 I HEREBY CERTIFY, that I attended deceased from July 15 1924 to Aug 15 1924
that he last saw him alive on Aug 15 1924
and that death occurred on the date stated above at _____

8 OCCUPATION
(a) Trade, profession or particular kind of work At home
(b) General nature of industry, business or establishment in which employed (or employer) _____

The CAUSE OF DEATH* was as follows:
Cholera Infantum

9 BIRTHPLACE (State or country) Eldorado Ill

(Duration) _____ yrs. _____ mos. _____ ds.
Contributory (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.

10 NAME OF FATHER Lesley Ramsey

(Signed) W. Newman
Aug 15 1924 (Address) Drakesboro

11 BIRTHPLACE OF FATHER (State or country) Letchfield Ky

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

12 MAIDEN NAME OF MOTHER Mary N. Johnson

13 BIRTHPLACE OF MOTHER (State or country) Owensboro Ky

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Tenements 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 _____

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Lesley Ramsey
(Address) Drakesboro

19 PLACE OF BURIAL OR REMOVAL Eldorado Ill DATE OF BURIAL Aug 16 1924

15 Filled 8-16 1924 J. Kimmel Registrar

20 UNDERTAKER J. Kimmel ADDRESS Drakesboro 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.