

COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

19221

PLACE OF DEATH

County MurtenburgVet. Pct. 5Inc. Town Drakesboro Ky

City

Registration District No. 088

Sanitary Registration District No.

File No.

Registered No. 25

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

3 FULL NAME Euel Lee Ramsey

Ward

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 Single Single
Married
Widowed
or Divorced
(Write the date)6 DATE OF BIRTH June 4 1924
(Month) (Day) (Year)7 AGE 2 9 yrs. 2 mos. 9 ds.
IF LESS than 1 day hrs. or min?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).9 BIRTHPLACE (State or country) Drakesboro Ky10 NAME OF FATHER Lesley Ramsey11 BIRTHPLACE OF FATHER (State or county) Pettichfield Ky12 MAIDEN NAME OF MOTHER Mary K. Johnson13 BIRTHPLACE OF MOTHER (State or country) Owensboro Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Lesley Ramsey
(Address) Drakesboro Ky15 Filed 8-11-24 1924 J. R. Kimmel Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 11 1924
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from July 11, 1924 to Aug 11, 1924 that I last saw him live on Aug 11, 1924 and that death occurred on the date stated above at _____ m.The CAUSE OF DEATH* was as follows:
Cholera Infantum
(Duration) 1 yrs. 1 mos. — ds.Contributory (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.(Signed) J. R. Kimmel
Aug 11, 1924 (Address) Drakesboro Ky

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

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) _____
at place _____ in the _____
of death _____ yrs. _____ mos. _____ ds. State _____ yrs. _____ mos. _____ ds.Where was disease contracted, if not at place of death? _____
former or _____
usual residence _____19 PLACE OF BURIAL OR REMOVAL Eldorado Ill DATE OF BURIAL Aug 12 192420 UNDERTAKER J. R. Kimmel ADDRESS Drakesboro KyWRITE PLAINLY, WITHOUT UNFADING INK—THIS IS A PERMANENT RECORD
Every item of information should be carefully supplied. AGE should be stated in plain terms, and the 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.