

Commonwealth of Kentucky
 STATE BOARD OF HEALTH
 DEPT. OF VITAL STATISTICS
CERTIFICATE OF DEATH

1 PLACE OF DEATH
 County Muhlenberg
 Vol. Pat. Skilesville
 Inc. Town.....
 City..... (No..... St., Ward)

Registration District No. 1127
 Primary Registration District No. 1

File No. 31016
 Registered No. 10

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

2 FULL NAME Lawrence Howard Ramsey

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED single
 (Write the word)

6 DATE OF BIRTH June 2, 1915
 (Month) (Day) (Year)

7 AGE 1 yrs. 6 mos. 21 ds. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Emmis Kentucky

PARENTS

10 NAME OF FATHER Herbert P Ramsey

11 BIRTHPLACE OF FATHER (State or country) Penrod Ky.

12 MAIDEN NAME OF MOTHER Hilla May (Hilly)

13 BIRTHPLACE OF MOTHER (State or country) Skilesville Ky.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
 (Informant) H. P. Ramsey
 (Address) Emmis Ky.

15 Filed 1-10, 1916 L. H. H. H. H.
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 23, 1916
 (Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 7, 1916, to Dec 23, 1916, that I last saw him live on Dec 23, 1916, and that death occurred on the date stated above at.....m. The CAUSE OF DEATH* was as follows:

Acute Labor Pneumonia

Contributory.....
 (SECONDARY).....
 (Signed) J. S. M. Reynolds, M. D.
Jan 6, 1917 (Address) Rochester Ky.

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES 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 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 White Chapel Cem DATE OF BURIAL 12-24, 1916
 20 UNDERTAKER L. H. H. H. ADDRESS Rochester

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD
 N. B.—Every item of information should be carefully supplied. AGE should be given EXACTLY. PHYSICIANS 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.