

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

File No. 28679  
Registered No. 23

## 1 PLACE OF DEATH

County Muhlenberg CoVot. Pct. GrahamRegistration District No. 1096

Inc. Town.....

Primary Registration District No.....

City.....

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

2 FULL NAME

Rosie Randolph

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

## PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH Dec 15, 1909  
(Month) (Day) (Year)

7 AGE 15 yrs. 10 mos. 10 ds. IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min?

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

9 BIRTHPLACE (State or country) Muhlenberg Co

10 NAME OF FATHER Jess Randolph

11 BIRTHPLACE OF FATHER (State or country) Hopkins Co

12 MAIDEN NAME OF MOTHER Sallie Stewart

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Ray Randolph

(Address) McNary 127

15 Filed 1/10, 1925 J. Keener Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Dec 25, 1924  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Dec 18, 1924, to Dec 25, 1924, that I last saw her alive on Dec 23, 1924, and that death occurred on the date stated above at 8 P.M.

The CAUSE OF DEATH\* was as follows:

Dysphic fever

(Duration) ..... yrs. .... mos. .... ds.

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

(Signed) W. H. Bailey, M. D. Dec 27, 1924. (Address) White Plains City

\*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 \_\_\_\_\_ yrs. .... mos. .... ds. In the State \_\_\_\_\_ yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? \_\_\_\_\_ Former or usual residence \_\_\_\_\_

19 PLACE OF BURIAL OR REMOVAL Unity Bk DATE OF BURIAL Dec 26, 1924

20 UNDERTAKER M B Mc Donald ADDRESS Greenville 17

MAKING REPRODUCED FOR RECORDS

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—Every item of information should be carefully supplied. AGE should be EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain text, so that it may be properly classified. E. G., statement of OCCUPATION is very important. See instructions on back of certificate.