

**CERTIFICATE OF DEATH**

1 PLACE OF DEATH

County Muhlenberg

Vot. Prec. E. Rogers

Ino. Town.....

City..... (No..... St.,..... Ward)



Registration District No. 871

Primary Registration District No. 1132

File No. 31013

Registered No.....

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

2 FULL NAME Rachel May Ragnie

**PERSONAL AND STATISTICAL PARTICULARS**

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

6 DATE OF BIRTH Mar 23, 1912  
(Month) (Day) (Year)

7 AGE 4 yrs. 7 mos. 29 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) Muhlenberg Co. Ky

10 NAME OF FATHER J. I. Ragnie

11 BIRTHPLACE OF FATHER (State or country) Logan Co. Ky

12 MAIDEN NAME OF MOTHER Naomie Robinson

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co. Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. N. T. Walton

(Address) Greenville Ky

15 Filed 10/24/16 1916 G. O. Buckleff REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16 DATE OF DEATH Oct 22, 1916  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Oct 15, 1916, to Oct 22, 1916, that I last saw her alive on Oct 21, 1916, and that death occurred on the date stated above at 2 a.m. The CAUSE OF DEATH\* was as follows:

Diphtheria  
..... (Duration) ..... yrs. .... mos. 7 ds.

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

(Signed) Geo. A. Grace, M. D.  
Oct 23, 1916 (Address) Greenville 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. 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 Pleasant Hill Ch. DATE OF BURIAL Oct. 22, 1916

20 UNDERTAKER McDonald & Dewitt ADDRESS Greenville 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, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

W. A. Parker