

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21459

1 PLACE OF DEATH

County MuhlenbergVct. Pct. H. B. Oggers

Inc. Town.....

Registration District No. 1093Primary Registration District No. 6533

City.....

(No. St., Ward)

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

File No.....

Registered No.....

2 FULL NAME Miss Jennie Rice

(a) Residence. No..... St., Ward.....

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 Single Single
Married
Widowed
or Divorced
(Write the word)5a If married, widowed, or divorced
HUSBAND of
(or) WIFE of6 DATE OF BIRTH May 22-1863
(Month) (Day) (Year)7 AGE 63 yrs. 10 mos. 4 ds. IF LESS than 1
day..... hrs.
or..... min?8 OCCUPATION OF DECEASED
(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 (city or town)
(State or country) Muhlenberg Co. KyPARENTS
10 NAME OF FATHER J. H. Rice
11 BIRTHPLACE OF FATHER (city or town)
(State or country) Hopkins Co. Ky
12 MAIDEN NAME OF MOTHER Eliza Rice
13 BIRTHPLACE OF MOTHER (city or town)
(State or country) Muh. Co. Ky14 (Informant) S. L. Rice
(Address) Depoy Ky15 Filed Sept 26/27 C. B. Wickliffe,
By M. Wells. Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 26, 1927
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased
from June, 1926, to Sept 20, 1927,
that I last saw her alive on Sept 20, 1927,
and that death occurred on the date stated above at 2 P m.
The CAUSE OF DEATH* was as follows:Nephritis

(Duration) yrs. mos. ds.

Contributory (Secondary)

(Duration) yrs. mos. ds.

18 WHERE WAS DISEASE CONTRACTED

If not at place of death?.....

Did an operation precede death?..... Date of.....

Was there an autopsy?.....

What test confirmed diagnosis?.....

(Signed) B. J. Cagabate, M. D.
Sept 28 1927 (Address) Greenville Ky

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means and nature of injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

Depoy B.S. Sept 27 1927

20 UNDERTAKER ADDRESS

M. B. McDonald 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.

MACHINE REPRODUCED FOR INDEXING