

Commonwealth of Kentucky

STATE BOARD OF HEALTH.

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

1 PLACE OF DEATH

County

Muhlenberg

Vot. Prec.

East Hazard

Registration District No.

871

File No.

20736

Inc. Town

Primary Registration Dist. No.

7130

Registered No.

75

City

(No. _____ St., _____ Ward)

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

2 FULL NAME

Jesse Rice

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3 SEX *male* 4 COLOR OR RACE *white* 5 MARRIAGE STATUS *married*
(Write the word)

16 DATE OF DEATH *Aug 25*, 191*2*
(Month) (Day) (Year)

6 DATE OF BIRTH *Nov 28*, 1940
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Aug 25*, 1912, to *Aug 25*, 1912

7 AGE *71* yrs. *8* mos. *27* ds. If LESS than 1 day... hrs. or... min.?

that I last saw him... alive on *Aug 25*, 1912, and that death occurred, on the date stated above, at *7:30* P.M.

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

The CAUSE OF DEATH* was as follows:
Chronic Asthma

9 BIRTHPLACE (State or country)

Contributory *Neutral Insufficiency*
(Occupation)

10 NAME OF FATHER *Reason Rice*

(Duration) *5* yrs. *1* mo. *1* ds.
 (Signed) *J. J. Stator*, M. D.
 (Address) *Laurel, Ky.*

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME OF MOTHER *Lemise Rice*

13 BIRTHPLACE OF MOTHER (State or country)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OR HOMICIDAL

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(18) LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
 At place of death... yrs... mos... ds. In the State... yrs... mos... ds.

(Informant) *R. B. Rice*
 (Address) _____

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

15 AUG 26 1912
 (Date) _____, 191*2*
J. H. Frauchter
 Registrar

19 PLACE OF BURIAL OR REMOVAL *Friendship* DATE OF BURIAL *Aug 27, 1912*

20 UNDERTAKER *M. B. McDonald* ADDRESS *Friendship Ky*

NOTE: This form of information should be carefully completed. All should be checked. If any part of this form is not filled out, the certificate will be rejected. Exact statement of OCCUPATION is very important. See instructions on back of certificate.