

COMMONWEALTH OF KENTUCKY
Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____
Registered No. 194

1. PLACE OF DEATH

County Muhlenberg
City Greenville Ky (No. _____ St. _____ Ward _____)
Reg. Dist. No. 1085
Primary Reg. Dist. No. 7474
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME J. J. Rice IF VETERAN, WHAT WAR? _____
(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 M 4. COLOR OR RACE W 5. Single, Married, Widowed or Divorced (write the word) Married
6. DATE OF BIRTH July 26, 1858
7. AGE Years 80 Months 4 Days 18 If LESS than 1 day.....hrs. or.....min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, sawmill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE Ky
13. NAME Moses Rice
14. BIRTHPLACE Ky
15. MAIDEN NAME Armanda Drake
16. BIRTHPLACE Ky
17. INFORMANT Mr. J. J. Rice
(Address) Greenville Ky
18. BURIAL, CREMATION, OR REMOVAL
Place Home Date Dec 15, 1938
19. UNDERTAKER Greenville Funeral Home
(Address) Greenville Ky
20. FILED Dec 15, 1938 James Carter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Dec 14, 1938
22. I HEREBY CERTIFY, That I attended deceased from _____, 1938 to Dec 14, 1938
I last saw him alive on Dec 14, 1938, death is said to have occurred on the date stated above, at 11:30 P.M.
The principal cause of death and related causes of importance in order of onset were as follows:
Heart trouble
Date of onset _____
Contributory causes of importance not related to principal cause:
Senility

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____
23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ date of injury _____ 19____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury _____
Nature of injury _____
24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____
(Signed) E. L. Galt, M. D.
(Address) Greenville Ky

MARGIN RESERVED FOR BINDING

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