

Commonwealth of Kentucky
STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

PLACE OF DEATH

County Mitchell

Vol. No. # 21

Incl. Town Central City

City Central City

Registration District No. 970

Primary Registration District No. 2435

(No. St. Ward)

File No. 27931

Registered No. 63

(If death occurred in a hospital, institution, or in a place of public accommodation, give the name and address of such place.)

FULL NAME Rebecca Rice

PERSONAL AND STATISTICAL PARTICULARS

1 SEX <u>Female</u>	4 COLOR OR RACE <u>White</u>	5 SINGLE MARRIED, WIDOWED OR DIVORCED <u>Widow</u> <small>(Write the word)</small>
6 DATE OF BIRTH <u>July 3rd 1838</u> <small>(Month) (Day) (Year)</small>		
7 AGE <u>77 yrs. 4 mos. 11 ds.</u>		IF LESS than 1 day... hrs. or... min.?
8 OCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry, business or establishment in which employed (or employer) <u>House Keeper</u>		
9 BIRTHPLACE (State or country) <u>Virginia</u>		

PARENTS	10 NAME OF FATHER <u>Thos Jerry</u>
	11 BIRTHPLACE OF FATHER (State or country) <u>Virginia</u>
	12 MAIDEN NAME OF MOTHER <u>R. A. Jerry</u>
	13 BIRTHPLACE OF MOTHER (State or country) <u>West Virginia</u>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) G. H. ...
(Address) Central City

15 PLACE OF BIRTH 1912 O. L. Blandford

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Nov 14 1915
(Month) (Day) (Year)

17 I HEREBY CERTIFY, THAT I attended deceased from Nov 14, 1915, to Nov 14, 1915, that I last saw him alive on Nov 13, 1915, and that death occurred on the date stated above at 4:30 pm. The CAUSE OF DEATH was as follows:
chronic bronchitis

(Duration) 2 yrs. 7 mos. ... ds.

Contributory Painting in dropsy
(Secondary)

(Signed) W. R. McDowell, M. D.
Nov 15, 1915 (Address) Central City Ky

18 LENGTH OF RESIDENCE (For hospitals, institutions, transient or recent residents)
At place of death ... yrs. ... mos. ... ds. State ... yrs. ... mos. ... ds.
Where was disease contracted, if not at place of death? ...
Former or usual residence ...

19 PLACE OF BURIAL OR REMOVAL <u>Interment</u>	DATE OF BURIAL <u>Nov 15, 1915</u>
20 UNDERTAKER <u>Martin Moore</u>	ADDRESS <u>Central City Ky</u>

WRITE PLAINLY. PRINTING. PRINTING. THIS IS A VERY IMPORTANT DOCUMENT. IT SHOULD BE KEPT IN A SAFE PLACE. IT SHOULD BE KEPT IN A SAFE PLACE. IT SHOULD BE KEPT IN A SAFE PLACE.