

## COMMONWEALTH OF KENTUCKY

State Board of Health

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHFile No. 10785

## 1 PLACE OF DEATH

County MuhlenbergVet. Pat. West BoggsRegistration District No. 1095

Registered No. \_\_\_\_\_

Inc. Town \_\_\_\_\_

Primary Registration District No. 6835City Greenville

(No. \_\_\_\_\_ St. \_\_\_\_\_ Ward) (If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME Jennie Elizabeth Roark(a) Residence. No. West Main-cross St. \_\_\_\_\_ Ward. \_\_\_\_\_

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. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single Married Widowed or Divorced Widow (Write the word)5a If married, widowed, or divorced HUSBAND of James Louis Roark (or) WIFE of \_\_\_\_\_6 DATE OF BIRTH February 14, 1948 (Month) (Day) (Year)7 AGE 8 0 yrs. 2 mos. \_\_\_\_\_ ds. IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min?8 OCCUPATION OF DECEASED (a) Trade, profession or Housekeeper particular kind of work Housekeeper (b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_9 BIRTHPLACE (city or town) (State or country) Muhlenberg Co. KentuckyPARENTS 10 NAME OF FATHER William K. Morgan 11 BIRTHPLACE OF FATHER (city or town) (State or country) Muhlenberg County, Ky. 12 MAIDEN NAME OF MOTHER Mary Lovell 13 BIRTHPLACE OF MOTHER (city or town) (State or country) Muhlenberg County14 (Informant) Alan L. Roark (Address) Greenville, Ky.15 Filed 4/16/28 C. B. Wickliffe, Registrar  
By M. Wells.

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 13, 1928 (Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from November 27, 1927 to April 13, 1928that I last saw her alive on April 13, 1928and that death occurred on the date stated above at 2:40 P.

The CAUSE OF DEATH\* was as follows:

Apoplexy

(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory Rheumatism - Neuritis (Secondary)(Duration) 1 0 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) J. P. Morgan, M. D. 4/16, 1928 (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 Evergreen Cemetery DATE OF BURIAL April 15, 192820 ADDRESS Greenville, Kentucky Alan L. Roark (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.

MAGNET REPRODUCED FOR INDEXING