

1 PLACE OF DEATH

County Muhlenberg

Vot. Pct. _____

Inc. Town _____

City Greenville

COMMONWEALTH OF KENTUCKY

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHRegistration District No. 1093Primary Registration District No. 2434(No. College St., _____ Ward)

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

2 FULL NAME Sallie Ellen Roark

(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 40 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 Married Widowed Divorced Single
(Write the word)6a If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6 DATE OF BIRTH February 24, 1958
(Month) (Day) (Year)7 AGE 69 yrs. 5 mos. 6 ds. IF LESS than 1 day _____ hrs. or _____ min?

8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housework
(b) General nature of industry, business or establishment in which employed (or employer) _____9 BIRTHPLACE (city or town) _____
(State or country) MuhlenbergPARENTS
10 NAME OF FATHER Simoon Roark
11 BIRTHPLACE OF FATHER (city or town) _____
(State or country) Muhlenberg
12 MAIDEN NAME OF MOTHER Cynthiana Martin
13 BIRTHPLACE OF MOTHER (city or town) _____
(State or country) Muhlenberg14 (Informant) Mattie Roark
(Address) Greenville, Kentucky15 Filed 7/30/27 W. B. Wickelje RegistrarFile No. 11-16718

Registered No. _____

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH July 30, 1927
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Jan 1, 1926, to July 30, 1927 that I last saw h... alive on July 25, 1927, and that death occurred on the date stated above at 3 a.m. The CAUSE OF DEATH* was as follows:
Carcinoma of descending colon(Duration) 1 yrs. 6 mos. _____ ds.Contributory (Secondary) _____
(Duration) _____ yrs. _____ mos. _____ ds.

18 WHERE WAS DISEASE CONTRACTED

If not at place of death? Did an operation precede death? Yes Date of ✓Was there an autopsy? noWhat test confirmed diagnosis? ✓(Signed) Clarence Wilson, M. D.7/30, 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 Evergreen Cemetery DATE OF BURIAL July 31, 1927BURIAL ADDRESS Dr. E. Roark 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.

NAME INDEXED FOR DEEDS