

COMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

19219

PLACE OF DEATH  
County Muhlenberg  
Vol. Pct. 33 Registrar District No. 188  
Inc. Town Drakesboro Primary Registration District No. 222  
City (No. St. Ward)

File No. \_\_\_\_\_  
Registered No. 28

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

2 FULL NAME Annie Rock

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 Single Married  
Married Widowed or Divorced (Write Year)  
6 DATE OF BIRTH Oct 14 1924  
(Month) (Day) (Year)  
7 AGE 58 yrs. 10 mos. 7 ds.  
IF LESS than 1 day hrs. or min?

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

9 BIRTHPLACE (State or country) Kentucky

10 NAME OF FATHER Tom Harris

11 BIRTHPLACE OF FATHER (State or country) Tennessee

12 MAIDEN NAME OF MOTHER Betsy Hays

13 BIRTHPLACE OF MOTHER (State or country) Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) W. M. Rock  
(Address) Drakesboro

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 20 1924  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 1, 1924, to Aug 20, 1924, that I last saw him alive on Aug 19, 1924, and that death occurred on the date stated above at \_\_\_\_\_ m.

The CAUSE OF DEATH\* was as follows:  
Cancer of Stomach  
(Duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (Secondary) \_\_\_\_\_  
(Duration) \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
(Signed) H. D. Neumann, D.  
Aug 30, 1924 (Address) Drakesboro

\*State the Disease Causing Death, or, in deaths from Violent Cause, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.

18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents) \_\_\_\_\_  
at place \_\_\_\_\_ In the \_\_\_\_\_  
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 Highway Drakesboro Ky DATE OF BURIAL Aug 21 1924

20 UNDERTAKER J. Kimmel ADDRESS Drakesboro

15 Filled 8-30, 1924 J. Kimmel Registrar

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, that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.