

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

1 PLACE OF DEATH

County of *Muhlenberg*

Vol. No. *15*

Registration District No. *2135*

Incl. Town *Cleaton Ky*

Primary Registration District No.

City (No. St., Ward)

2 FULL NAME *Leona Rodgers*

File No. *2565*

Registered No. *87*

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX *Female* 4 COLOR OR RACE *white* 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) *single*

6 DATE OF BIRTH *Jan 4, 1913*
(Month) (Day) (Year)

7 AGE *5* IF LESS than 1 day... hrs. or... min.?

8 OCCUPATION (a) Trade, profession, or particular kind of work... *none*
(b) General nature of industry business or establishment in which employed (or employer)

9 BIRTHPLACE (State or country) *Ky*

10 NAME OF FATHER *Gordon Rodgers*

11 BIRTHPLACE OF FATHER (State or country) *Ky*

12 MAIDEN NAME OF MOTHER *Dora Jones*

13 BIRTHPLACE OF MOTHER (State or country) *Ind*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) *Gordon Rogers*

(Address) *Cleaton Ky*

15 Filed *Jan 13, 1913* *W. H. Mowbray* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Jan 12, 1913*
(Month) (Day) (Year)

17. I HEREBY CERTIFY, That I attended deceased from *Jan 11, 1913*, to *Jan 12, 1913*, that I last saw her alive on *Jan 12, 1913*, and that death occurred on the date stated above at *4:45 a.m.* The CAUSE OF DEATH was as follows:

Acute Bacterial Endocarditis with valve between Chamber of heart failed to close
(Duration) ... yrs. ... mos. *3* ds.

Contributory (SECONDARY) (Duration) ... yrs. ... mos. ... ds.

(Signed) *L. R. Reynolds*, M. D. *Jan 13, 1913* (Address) *Cleaton Ky*

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES 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 of death ... yrs. ... mos. ... ds. In the State ... yrs. ... mos. ... ds. Where was disease contracted, if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL *Wickliffe Emergency* DATE OF BURIAL *Jan 13, 1913*

20 UNDERTAKER *J. L. Thomas* ADDRESS *Cleaton 15*

WRITE PLAINLY, WITH INK. THIS IS A PERMANENT RECORD. NAME SHOULD BE FULLY WRITTEN.

B. B.—Every item of information should be carefully supplied. All checks should be stated EXACTLY, PARTICULARS 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.