

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

1 PLACE OF DEATH

County WashingtonVot. Pot. 34Inc. Town Cleator

City _____

Registration District No. 1094Primary Registration District No. 0842

(No. _____ St. _____ Ward _____)

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

File No. 29071Registered No. 1802 FULL NAME E. Ramsey Roll(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 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>Male</u>	4 COLOR OR RACE <u>White</u>	5 Single Married Widowed or Divorced (Write the word) <u>Married</u>
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5a If married, widowed, or divorced
HUSBAND of _____
(or) WIFE of _____6 DATE OF BIRTH Sept 1 1947
(Month) (Day) (Year)7 AGE 80 yrs. 3 mos. 25 ds.
IF LESS than 1
day _____ hrs.
or _____ min?8 OCCUPATION OF DECEASED
(a) Trade, profession or
particular kind of work u. k. k. m. m. m. m.
(b) General nature of industry,
business or establishment in
which employed (or employer) _____9 BIRTHPLACE (city or town) Hy
(State or country)

PARENTS	10 NAME OF FATHER <u>Christy Roll</u>
	11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Hy</u>
	12 MAIDEN NAME OF MOTHER <u>Hicksley</u>
	13 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Hy</u>

14 (Informant) Ernest Williams
(Address) Cleator Hy15 Filed Dec 30, 1947 Vernie Thomas
Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 12 26 1947
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased
from _____, 19____, to _____, 19____
that I last saw h_____ alive on _____, 19____and that death occurred on the date stated above at _____ m.
The CAUSE OF DEATH* was as follows:Died in Bed from
ApoplexyShort (Duration) _____ yrs. _____ mos. _____ ds.Contributory (Secondary) _____
(Duration) _____ 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) R. G. Allen Coroner12/26, 1947 (Address) R. G. Allen

*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 DATE OF BURIAL

Washington Cemetery 12/26 1947
20 UNDERTAKER C. J. Williams ADDRESS Central City

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.