

COMMONWEALTH OF KENTUCKY

23106

State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. _____

Registered No. 6923

1. PLACE OF DEATH

County MuhlenbergVol. Post 4Ine. Town Paradise KyCity Paradise KyRegistration District No. 288Primary Registration District No. 6823(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Michael Foster 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. New long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. Single, Married, Widowed or Divorced (write the word) Single6a. If married, widowed, or divorced (HUSBAND of _____ or) WIFE of Single6. DATE OF BIRTH Aug 15 - 18717. AGE Years 64 Months 1 Days 13 If LESS than 1 day.....hrs. or.....min.

8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Farmer10. Date deceased last worked at this occupation (year) at farm 11. Total time (years) spent in this occupation 5012. BIRTHPLACE 75113. NAME David D Roll14. BIRTHPLACE Ky15. MAIDEN NAME Rachel Rhodes16. BIRTHPLACE Ky17. INFORMANT J. W. Roll (Address) Paradise Ky18. BURIAL, CREMATION, OR REMOVAL Place Nantland Ky No. 9-29 192319. UNDERTAKER J. King (Address) Drakesboro Ky20. FILED Oct 1 - 1923 - M. D. Fox Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept 27, 1923

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____

I last saw h. alive on _____, 19____ death found to have occurred on the date stated above, at 3 p. m. The principal cause of death and related causes of importance in order of onset were as follows:apoplexy Date of onset _____

Contributory causes of importance not related to principal cause:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? _____ date of injury _____ 19____

Where did injury occur? _____

(Specify city or town, county, and State) Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of

deceased? _____ If so, specify _____

(Signed) Lewis Bryan M. D.(Address) Central City Ky

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY IN FADING INK—THIS IS A PERMANENT RECORD. It should be stated EXACTLY. PHYSICIAN 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.