

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

1 PLACE OF DEATH

County *Muhlenberg*

Vol. No. *15*

Registration District No. *2035*

Inc. Town *Chatham 13*

Primary Registration District No.

City

(No. St., Ward)

File No.

Registered No.

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

2 FULL NAME *Jamie M. Rose*

PERSONAL AND STATISTICAL PARTICULARS

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

6 DATE OF BIRTH *Nov 15, 1871*
(Month) (Day) (Year)

7 AGE *45 yrs. 11 mos. 23 ds.* IF LESS than 1 day ... hrs. or ... min.?

8 OCCUPATION
(a) Trade, profession, or particular kind of work. *House wife*
(b) General nature of industry business or establishment in which employed (or employer) *House helping*

9 BIRTHPLACE (State or country) *Muhlenberg Co Ky*

10 NAME OF FATHER *Robert Casebeer*

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

12 MAIDEN NAME OF MOTHER *Catherine W. Keling*

13 BIRTHPLACE OF MOTHER (State or country) *Ohio, Co. Ky*

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) *M. B. Rose*
(Address) *Chatham Ky*

15 Filed *11-2-1917* *W. H. Holloway*
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH *Nov 8, 1917*
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from *Oct 7, 1917*, to *Nov 8, 1917*, that I last saw him alive on *Nov 8, 1917*, and that death occurred on the date stated above at *5 P.M.* The CAUSE OF DEATH* was as follows:
Typhoid fever

(Duration) yrs. mos. *33* ds.

Contributory (SECONDARY)

(Signed) *W. R. M. Dowell*, M. D.
10-8-1917 (Address) *Central city 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 *Rose 27-* DATE OF BURIAL *10-9-1917*

20 UNDERTAKER *J. L. Thomas* ADDRESS *Chatham Ky*

WITH UNFADING INK--THIS IS A PERMANENT RECORD
 M. 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.