

5737

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

Department of Health  
BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

File No. \_\_\_\_\_

Registered No. 137

1. PLACE OF DEATH

County Magalloway

Vot. Pct. Central City

Inc. Town \_\_\_\_\_

Registration District No. 1087

Primary Registration District No. 6817

City \_\_\_\_\_ (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Greenbury Rose

(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode) 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 M 4. COLOR OR RACE White 5. Single, Married, Widowed or Divorced (write the word) Married

5a. If married, widowed, or divorced HUSBAND of \_\_\_\_\_ WIFE of Martha P. Rose

6. DATE OF BIRTH Feb 24 - 1848

7. AGE Years 88 Months 10 Days 20 If LESS than 1 day ..... hrs. or ..... min.

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

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. Owner

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE Kentucky

FATHER 13. NAME James Rose

14. BIRTHPLACE Kentucky

MOTHER 15. MAIDEN NAME Mary Hiltzky

16. BIRTHPLACE Kentucky

17. INFORMANT Judson Rose  
(Address) Central City Ky

18. BURIAL, CREMATION, OR REMOVAL Rose Cem Date 1/15/37 1937

19. UNDERTAKER H. J. Anderson  
(Address) Central City Ky

20. FILED 1/14 1937 A. L. Blumhord  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January 12th, 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 11 to Jan 12, 1937  
I last saw him alive on Jan 9, 1937 death is said to have occurred on the date stated above, at 4:50 m.  
The principal cause of death and related causes of importance in order of onset were as follows: Endocarditis of Aortic Valve  
Myocardial Infarction  
1936

Date of onset \_\_\_\_\_

Contributory causes of importance not related to principal cause: not known

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? \_\_\_\_\_ date of injury \_\_\_\_\_  
Where did injury occur? \_\_\_\_\_

(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no If so, specify \_\_\_\_\_

(Signed) A. L. Blumhord, M. D.  
(Address) Central City Ky

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH SPACING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. NAME 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.