

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

16573

File No. _____

Registered No. 11

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

1 PLACE OF DEATH

County MitchellVol. No. Book 14Registration District No. 1096

Inc. Town. _____

Primary Registration District No. _____

City. _____

(No. _____

St. _____

Ward) _____

2 FULL NAME Mary Rose

PERSONAL AND STATISTICAL PARTICULARS

3 SEX <u>F</u>	4 COLOR OR RACE <u>W</u>	5 Single Married Widowed or Divorced (Write the word) <u>Married</u>
6 DATE OF BIRTH <u>Aug 14 1850</u> (Month) (Day) (Year)		
7 AGE <u>71</u> yrs. <u>11</u> mos. <u>16</u> ds.		IF LESS than 1 day - - - - - hrs. or - - - - - min?
8 OCCUPATION (a) Trade, profession or particular kind of work. <u>Housewife</u> (b) General nature of industry, business or establishment in which employed (or employer).		

9 BIRTHPLACE (State or country) 74

PARENTS	10 NAME OF FATHER <u>Don't know</u>
	11 BIRTHPLACE OF FATHER (State or country) <u>ky</u>
	12 MAIDEN NAME OF MOTHER <u>Don't know</u>
	13 BIRTHPLACE OF MOTHER (State or country) <u>74</u>

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Paul Rose(Address) Inola KyFiled 8/10 1922 J. Kemmerly Registrar

MEDICAL CERTIFICATE OF DEATH

15 DATE OF DEATH <u>July 17</u> 192 <u>2</u> (Month) (Day) (Year)
16 I HEREBY CERTIFY, That I attended deceased from <u>July 14</u> , 192 <u>2</u> , to <u>July 17</u> , 192 <u>2</u> , that I last saw her alive on <u>July 14</u> , 192 <u>2</u> , and that death occurred on the date stated above at <u>9:00</u> m.

The CAUSE OF DEATH was as follows:

Bright's Disease(Duration) 4 yrs. _____ mos. _____ ds.

Contributory (Secondary) _____ (Duration) _____ yrs. _____ mos. _____ ds.

(Signed) J. Kemmerly, M. D.
July 17, 1922 (Address) Inola 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 _____ in the State _____ yrs. _____ mos. _____ d.
Where was disease contracted,If not at place of death?
Former or usual residence _____19 PLACE OF BURIAL OR REMOVAL Godhamy DATE OF BURIAL 7/17, 192220 UNDERTAKER R. J. Beard ADDRESS Inola

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD. 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.