

Form V. S. 1-A

COMMONWEALTH OF KENTUCKY

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHFile No. 8985

Registered No. _____

1. PLACE OF DEATH

County Muhlenberg

Vot. Pct. _____

Registration District No. 1096

Inc. Town _____

Primary Registration District No. 6839

City _____

(No. _____

St. _____

Ward _____

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

2. FULL NAME O. Brient Rose

(a) Residence, No. _____

(Usual place of abode) _____

St. _____

Ward _____

(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 M4. COLOR OR RACE W.5. Single, Married, Widowed
or Divorced (write the word)5a. If married, widowed, or divorced
HUSBAND of
(or) WIFE of6. DATE OF BIRTH Dec 11, 1923

7. AGE

Years 14Months 2Days 24

If LESS than

1 day.....hrs.
or.....min.

OCCUPATION

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.10. Date deceased last worked at
this occupation (month and
year)11. Total time (years)
spent in this
occupation12. BIRTHPLACE Ky.

FATHER

13. NAME Nick Rose14. BIRTHPLACE Ky.

MOTHER

15. MAIDEN NAME Maudy Stewart16. BIRTHPLACE Ky.17. INFORMANT J. J. Collins(Address) Abraham Ky.

18. BURIAL, CREMATION, OR REMOVAL

Place Greenfield, Ky. 3/8

1937

19. UNDERTAKER Greenfield Funeral Home(Address) Greenfield, Ky.20. FILED 3/8

1937

Hubert Craft

Attendant

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Mar 7, 193722. I HEREBY CERTIFY, That I attended deceased from
Feb. 14, 1937 to Mar. 7, 1937I last saw him alive on Feb. 26, 1937 death is said
to have occurred on the date stated above, at 5412
The principal cause of death and related causes of importance
in order of onset were as follows:Lobar PneumoniaDate of
onsetContributory 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) D. G. Argabrite, M. D.(Address) Greenfield, Ky.

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY, WITH FADING 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.