

MARGIN RESERVED FOR BINDING

COMMONWEALTH OF KENTUCKY

State File No.

Form V. S. 1-A

DEPARTMENT OF COMMERCE
Bureau of the Census

Department of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Registrar's

22974

Registration District No. 1085

Primary Registration District No. 7486

1. PLACE OF DEATH:

(a) County Muhlenburg
(b) City or town Graham
(If outside city or town limits, write RURAL)
(c) Name of hospital or institution:

(If not in hospital or institution write street number or location)

(d) Length of stay: In hospital or community _____
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kentucky (b) County Muhlenburg
(c) City or town Graham
(If outside city or town limits, write RURAL)

(d) Street No. _____
(If rural give precinct)

(e) If foreign born, how long in U. S. A. _____ years

3(a) FULL NAME Shirley Ann Rose

3(b) If veteran, _____ 3(c) Social Security _____

Name war _____ No. _____

4. Sex Female 5. Color or race white 6(a) Single, widowed, married, divorced _____

6(b) Name of husband or wife _____

6(c) Age of husband or wife if alive _____ Years

7. Birth date of deceased July 4 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months 2 Days 23
If less than one day hr. _____ min.

9. Birthplace Muhlenburg Co.

10. Usual occupation _____

11. Industry or business _____

FATHER } 12. Name Curtis Rose
13. Birthplace Muhlenburg Co.

MOTHER } 14. Maiden name Julia Brown
15. Birthplace Muhlenburg Co.

16(a) Informant's own signature Curtis Rose

(b) Address Graham 197

17. BURIAL, CREMATION, OR REMOVAL

Place Carlyle Bk Date Sept 28, 1941

18(a) Signature of funeral director Robert Gery

(b) Address Greenville 144

19(a) 9-28-41 (Date received by local registrar) (b) Jane Reid Louie (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 27 1941

21. I hereby certify that I attended the deceased from Sept 27, 1941 to Sept 27 1941, that I last saw her alive on Sept 27 1941, and that death occurred on the date stated above at 8:30 A.M.

Immediate cause of death _____

DURATION:

Bronchitis Pneumonia

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings:

Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? In or about home, on farm, in industrial place in public place? _____
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature L. G. Argabrite M.D. (M. D. or other)

Address Greenville, Ky Date signed Sept. 27, 1941

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.