

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

1 PLACE OF DEATH

County Muhlenburg

Vet. Pot. So. Carrington

Ino. Town 14

City Joseph W. Ross

2 FULL NAME Joseph W. Ross

Registration District No. 7121

Primary Registration District No. 2438

File No. 45408

Registered No. 14

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

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Male 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) Married

6 DATE OF BIRTH Aug 9, 1847
(Month) (Day) (Year)

7 AGE 70 yrs. 5 mos. 23 ds. IF LESS than 1 day... hrs. or... min.?

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

9 BIRTHPLACE (State or country) Mus. Tennessee

PARENTS 10 NAME OF FATHER Samuel M. Ross 11 BIRTHPLACE OF FATHER (State or country) Edwards Co. Tenn 12 MAIDEN NAME OF MOTHER Wilder M. Stand 13 BIRTHPLACE OF MOTHER (State or country) W. Tennessee

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Earl Ross (Address) South Carroll Co

15 Filed Jan 27, 1918 C. W. Culler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Jan 26, 1918
(Month) (Day) (Year)

17 I HEREBY CERTIFY, that I attended deceased from June 2, 1917, to Jan 26, 1918, that I last saw him alive on Jan 26, 1918, and that death occurred on the date stated above at 5:31 p.m. The CAUSE OF DEATH* was as follows:

Mineral Consumption

Contributory (SECONDARY) (Duration) 1 yrs. mos. ds.

(Signed) J. R. Barnes, M. D. Jan 26, 1918 (Address) So. Carrington

*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 South Carroll Co DATE OF BURIAL Jan 27, 1918

20 UNDERTAKER Martin Moore ADDRESS Combs City

WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD

No. 5.-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.