

## Commonwealth of Kentucky

STATE BOARD OF HEALTH.

BUREAU OF VITAL STATISTICS

## CERTIFICATE OF DEATH

11007

## 1 PLACE OF DEATH

County MuhlenburgVol. Pat. Co. Carrollton Ky.Inc. Town Co. Carrollton Ky.

City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

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

Registered No. 6

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

2 FULL NAME Helvie James Ross

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE White 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED married  
(Write the word)6 DATE OF BIRTH May 1, 1846  
(Month) (Day) (Year)7 AGE 45<sup>+</sup> yrs. 11 mos. 17 ds. If LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min.?8 OCCUPATION  
(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry business, or establishment in which employed (or employer)9 BIRTHPLACE (State or country) Muhlenburg Co. Ky.10 NAME OF FATHER Josh H. Jones11 BIRTHPLACE OF FATHER (State or country) Muhlenburg Co. Ky.12 MAIDEN NAME OF MOTHER Amanda Fitch13 BIRTHPLACE OF MOTHER (State or country) Muhlenburg Co. Ky.14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) S. L. Ross  
(Address) Co. Carrollton15 Filed 4/13, 1912 A. H. Hatcher  
REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH April 12, 1912  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Mar. 31, 1912, to Apr. 12, 1912, that I last saw her alive on Apr. 12, 1912, and that death occurred, on the date stated above, at 5 A.M.The CAUSE OF DEATH\* was as follows:  
congestion of the lungs(Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. 13 ds.Contributory Heart weakness  
(SECONDARY) (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.(Signed) J. R. Barnes M. D.  
Apr. 13, 1912 (Address) Co. Carrollton

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, HOMICIDAL

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS):  
At place of death \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. In the \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.Where was disease contracted, if not at place of death?  
Former or usual residence \_\_\_\_\_19 PLACE OF BURIAL OR REMOVAL Co. Carrollton DATE OF BURIAL \_\_\_\_\_, 191220 UNDERTAKER W. G. Hatcher ADDRESS Co. Carrollton

2. B.—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.