

1 PLACE OF DEATH

County HighlandVol. No. 718

Inc. Town .....

City Central CityFULL NAME Victor Felix Roux

Commonwealth of Kentucky

STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHRegistration District No. 870Primary Registration District No. 2435(No. 1007 Second St., third Ward)File No. 20134Registered No. 428

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

## PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
(Write the word)DATE OF BIRTH March 4th 1880  
(Month) (Day) (Year)AGE 67 yrs. 6 mos. 22 ds. IF LESS than 1 day... hrs. or... min.?

## OCCUPATION

(a) Trade, profession, or particular kind of work Miner  
(b) General nature of industry, business or establishment in which employed (or employer)BIRTHPLACE  
(State or country)Ardeche France

## 10 NAME OF FATHER

11 BIRTHPLACE OF FATHER  
(State or country)Ardeche France

## 12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER  
(State or country)

## 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) Mrs. Bertha Mitchell(Address) Central City, Ky.Filed Oct. 6., 1917. A. L. Bradford REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 26 191?  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Sept 20, 191?, to Sept 26, 191?, that I last saw him alive on Sept 25, 191?, and that death occurred on the date stated above at 11 a.m. The CAUSE OF DEATH\* was as follows:  
Curious ? ?..... (Duration) 2 yrs. .... mos. .... ds.Contributory  
(Secondary)..... (Duration) .... yrs. .... mos. .... ds.  
(Signed) J. P. Walton M. D.  
Oct. 11., 1917. (Address) Central City, Ky.

\*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENCE, CAUSE OF (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

of death ..... yrs. .... mos. .... ds. State ..... yrs. .... mos. .... ds.

Where was disease contracted, if not at place of death? .....

Former or usual residence .....

19 PLACE OF BURIAL OR REMOVAL

Bourbon DATE OF BURIAL Sept. 27, 1917

UNDERTAKER

Walter Moore ADDRESS Central City

WRITE PLAINLY WITH WATERPROOF INK—THIS IS A PREPARED FORM—DO NOT WRITE IN THE SPACES—DO NOT WRITE IN THE SPACES

It is every item of information should be given. Address the Board of Health, Louisville, Kentucky, if necessary. Informant's name and address should be given. Informant's name and address should be given. Informant's name and address should be given.

GENERAL FORM NO. 1-1906-2 5-9-12