

1 PLACE OF DEATH

County Muhlenberg

Vol. No. H. C. Shaw

Inc. Town

City

FULL NAME Carrie Belle Rueter

Commonwealth of Kentucky  
DEPARTMENT OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Registration District No. 871

Primary Registration District No. 2131

File No. 24074

Registered No.

[If death occurred in a hospital or institution give the name (number of street and number.)]

PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE white 5 SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word) single

6 DATE OF BIRTH Sept 14, 1916  
(Month) (Day) (Year)

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

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

9 BIRTHPLACE (State or country) Muhlenberg Co. Ky

10 NAME OF FATHER E. P. Rueter

11 BIRTHPLACE OF FATHER (State or country) Marion, Ill

12 MAIDEN NAME OF MOTHER Florence Fleming

13 BIRTHPLACE OF MOTHER (State or country) Muhlenberg Co. Ky

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) E. P. Rueter  
(Address) Greenville, Ky

15 Filed 9/19, 1916 C. B. Hockley REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Sept 19, 1916  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Sept 14, 1916, to Sept 19, 1916, that I last saw him alive on Sept 18, 1916, and that death occurred on the date stated above at 9 A.M. The CAUSE OF DEATH\* was as follows:  
Exhaustion

Contributory (SECONDARY) None  
(Duration) 5 yrs. 5 mos. 5 ds.  
(Signed) John F. Yates, M. D.  
Sept 19, 1916 (Address) Greenville, Ky

\*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 5 yrs. 5 mos. 5 ds. In the State 5 yrs. 5 mos. 5 ds. Where was disease contracted, if not at place of death? Former or usual residence

19 PLACE OF BURIAL OR REMOVAL Carrie B.R. DATE OF BURIAL Sept 19, 1916

20 UNDERTAKER McL. and Tillitt ADDRESS Greenville, Ky

WRITE PLAINLY WITH SPREADING INK.—THIS IS A PERMANENT RECORD  
 B. E.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S  
 should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCU-  
 PATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR INDEXING