

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

1 PLACE OF DEATH

County

Muhlenberg

Vot. Pot.

Rosewood

Registration District No. 7129

Ino. Town

Cassidy

Primary Registration District No. ....

City

Roma

(No. ....

Rust

St., ....

Ward) .....

FULL NAME

Roma

Rust

File No. 20472

Registered No. 7129

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

## 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 12, 1876  
(Month) (Day) (Year)

7 AGE 39 yrs. 3 mos. 4 ds.  
IF LESS than 1 day ... hrs. or ... min.?

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

9 BIRTHPLACE (State or country) Muhlenberg Co

PARENTS  
10 NAME OF FATHER Linnuel Carver  
11 BIRTHPLACE OF FATHER (State or country) Virginia  
12 MAIDEN NAME OF MOTHER Alex. Travis  
13 BIRTHPLACE OF MOTHER Tenn.

14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant) J. P. Wines  
(Address) Cassidy, Ky.

15 Filed Aug 21, 1916  
H. H. Heston, Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH Aug 15, 1916  
(Month) (Day) (Year)

17 I HEREBY CERTIFY, That I attended deceased from Aug 15, 1916, to Aug 16, 1916, that I last saw her alive on Aug 15, 1916, and that death occurred on the date stated above at 7:20 p.m. The CAUSE OF DEATH\* was as follows:

Tuberculosis of the Lungs  
(Duration) 2 1/2 yrs. .... mos. .... ds.

Contributory (SECONDARY) .....

(Signed) J. H. Smith, M. D.  
Aug 17, 1916. (Address) Cassidy, 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 ... yrs. .... mos. .... ds. In the State ... yrs. .... mos. .... ds.  
Where was disease contracted, if not at place of death? .....

19 PLACE OF BURIAL OR REMOVAL Rosewood  
DATE OF BURIAL Aug 17, 1916

20 UNDERTAKER H. W. Miller  
ADDRESS Cassidy