

Department of Health
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

23064

File No. _____

Registered No. 18

1. PLACE OF DEATH

County MuhlenbergVol. No. Graham

Ino. Town _____

Registration District No. 1096Primary Registration District No. 6847City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Bobbie Lee Harrison(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. Single, Married, Widowed or Divorced (write the word) _____

3a. If married, widowed, or divorced HUSBAND or (or) WIFE of _____

6. DATE OF BIRTH Sept 12 1936

7. AGE Years _____ Months _____ Days _____ If LESS than 1 day... 6... hrs. or... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____

9. Industry or business in which work was done, as silk mill, sawmill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE Muhlenberg Co.13. NAME Mrs. Vincent14. BIRTHPLACE Muhlenberg Co15. MAIDEN NAME Rosie Lee Harrison16. BIRTHPLACE Hopkins Co 184.17. INFORMANT Dr. Vincent
(Address) Graham 184.18. BURIAL, CREMATION, OR REMOVAL
Place Graham B. S. Date Sept 13, 193519. UNDERTAKER M. B. McDonald & Co
(Address) Bellville 18420. FILED Sept 23, 1935 Hubert Craft
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept 12, 193622. I HEREBY CERTIFY, That I attended deceased from 9/12, 1936 to 9/12, 1935.
I last saw her alive on 9/12, 1935. Death is said to have occurred on the date stated above, at 11:30 A. M.
The principal cause of death and related causes of importance in order of onset were as follows:Ematition due to premature birth
Respiration 7 1/2 months
1578

Contributory causes of importance not related to principal cause: _____

Name of operation None Date of _____
What test confirmed diagnosis? Was there an autopsy?23. If death was due to external causes (violence) fill in also the following:
Accident, suicide, or homicide? _____ date of injury _____ 19 _____
Where did injury occur? _____
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.Manner of injury _____
Nature of injury _____24. Was disease or injury in any way related to occupation of deceased? No If so, specify _____(Signed) J. J. Edges, M. D.
(Address) Graham, Ky.

MARGIN RESERVED FOR BINDING

N. B. WRITE PLAINLY. UNFADING INK.—THIS IS A PERMANENT RECORD. Every item of information should be carefully checked and stated EXACTLY. PHYSICIAN'S SIGNATURE AND OCCUPATION is very important. See instructions on back of certificate.