

1 PLACE OF DEATH  
MuhlenbergCOMMONWEALTH OF KENTUCKY  
State Board of Health  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATHFile No. 6966

County \_\_\_\_\_

Vet. Pot. N BoggsRegistration District No. 1093

Registered No. \_\_\_\_\_

Ino. Town \_\_\_\_\_

Primary Registration District No. 6834City Greenwood City, Ky.

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

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

2 FULL NAME Rothenia Ellis Williams

(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. da. How long in U.S., if of foreign birth? yrs. mos. da.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 COLOR OR RACE Negro 5 Single Married  
Married Widowed Divorced Married  
(Write the word)5a If married, widowed, or divorced  
HUSBAND of Eugene Williams  
(or) WIFE of \_\_\_\_\_6 DATE OF BIRTH 12/17, 1886  
(Month) (Day) (Year)7 AGE 40 yrs. 2 mos. 22 da.  
IF LESS than 1 day \_\_\_\_\_ hrs. or \_\_\_\_\_ min?

## 8 OCCUPATION OF DECEASED

(a) Trade, profession or particular kind of work Housewife  
(b) General nature of industry, business or establishment in which employed (or employer) \_\_\_\_\_9 BIRTHPLACE (city or town) \_\_\_\_\_  
(State or country) Muhlenberg County, Ky.

PARENTS

10 NAME OF FATHER A. H. Popper11 BIRTHPLACE OF FATHER (city or town) \_\_\_\_\_  
(State or country) Kirkmansville, Ky.12 MAIDEN NAME OF MOTHER Eliza Bass13 BIRTHPLACE OF MOTHER (city or town) \_\_\_\_\_  
(State or country) Muhlenberg Co.14 (Informant) A. H. PEPPER  
(Address) Cleaton, Kentucky15 Filed 3/9/27 C. B. Wickizer  
Registrar

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH 3/9, 1927  
(Month) (Day) (Year)17 I HEREBY CERTIFY, That I attended deceased from Feb 25, 1927, to March 9, 1927, that I last saw h. live on March 7, 1927, and that death occurred on the date stated above at 11 P.M. The CAUSE OF DEATH was as follows:PeritonitisContributory (Secondary) Qualifying Time  
(Duration) yrs. mos. da.

## 18 WHERE WAS DISEASE CONTRACTED

If not at place of death: At Cleaton, Ky.Did an operation precede death? Yes Date of operation \_\_\_\_\_  
Was there an autopsy? YesWhat test confirms diagnosis? Ordinary test  
(Signed) C. B. Wickizer, M. D.March 11, 1927 (Address) Cleaton, Ky.

\*State the Disease Causing Death, or, in deaths from violent Causes, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL OR REMOVAL West End Cemetery  
Greenville, Ky. DATE OF BURIAL 3/13, 1927  
ADDRESS Greenwood City, Ky.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. 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 of back of certificate.