

Rhodes, Wilma Jean 1930 - 1930

Form V. S. 1-A-50m-11-1-29

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

File No. 0620
Registered No. _____

1 PLACE OF DEATH
County Estill
Vot. Prec. Wissamawborn Registration District No. 451
Inc. Town _____ Primary Registration District No. _____
City _____ (No. _____ Ward)
(If death occurred in a hospital or institution use its NAME instead of street and number)

2 FULL NAME Wilma Jean Rhodes
(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. New long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH	
3. SEX <u>Female</u>	4. COLOR OR RACE <u>W</u>	5. Single, Married, Widowed or Divorced (write the word) <u>Single</u>		21. DATE OF DEATH (month, day, and year) <u>Oct. 17, 1930</u>	22. I HEREBY CERTIFY, That I attended deceased from _____, 19____ to _____, 19____ I last saw h_____ alive on _____, 19____, death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance in order of onset were as follows: <u>Still Born</u> <u>2/15</u> Contributory causes of importance not related to principal cause: Name of operation _____ Date of _____ What test confirmed diagnosis? _____ Was there an autopsy? _____
6a. If married, widowed, or divorced HUSBAND of (or) WIFE of _____	6. DATE OF BIRTH (month, day, and year)	7. AGE	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	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.	
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation	12. BIRTHPLACE (city or town) (State or country) <u>Wissamawborn</u>	Manner of injury _____ Nature of injury _____	
MOTHER FATHER	13. NAME <u>Earl Rhodes</u>	14. BIRTHPLACE (city or town) (State or country) <u>Estill City</u>	15. MAIDEN NAME <u>Cordelia Gos</u>	24. Was disease or injury in any way related to occupation of deceased? _____ If so specify _____ (Signed) <u>J. F. Bennett</u> , M. D. (Address) <u>Wissamawborn</u>	
16. BIRTHPLACE (city or town) (State or country) <u>Estill City</u>	17. INFORMANT (Address)	18. BURIAL, CREMATION, OR REMOVAL Place _____ Date _____, 19____	19. UNDERTAKER (Address)	20. FILED _____, 19____ Registrar.	

WRITE PLAINLY, WITH INK—THIS IS A PERMANENT RECORD. 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 on back of certificate.

Last printed 4/23/2011 8:30:00 AM